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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(3)

	OLD MI	iakka fire and resci	ue auxiliary, inc.							
Pri	incipal Place	of Business	Mailing Address				I 1884181 BIR HAND HAND HAND	HAT ALAIN ANKIR	ALBIY DIBIL B	IJOIN BABIN NABN
6750 BEE RIDGE ROAD C/O STEPHEN HANDRA SARASOTA FL 34241 6750 BEE RIDGE ROAD C/O STEPHEN HANDRA SARASOTA FL 34241 SARASOTA FL 34241										
							3. Date incorporated or Qualified 05/01/1987	3a. Date	2/24/19	Report 1 95
2. 21	Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-0066881		-	Applied For lot Applicable
22	Suite, Apt. a	#, etc.	Suite, Apt. #, etc.	—			5. Certificate of Status Desired			Additional Required
23	City & State)	City & State	 			Election Campaign Financing Trust Fund Contribution			May Be
24	Zip	Country 25	Zıp 29	Cour	try		This corporation has liability for In Florida Statutes	tangible tax	under s.	
1		9. Name and Address of Cu		1901			10. Name and Address of New Re			
	·				81 Name		TO THE THE PROPERTY OF THE PRO	Section M	your	
	ROBINSO	ON, JOSEPH D.								
6750 BEE RIDGE RD.					B2 Street	Addres	s (P.O. Box Number is Not Acceptable))		
	SARASO	TA FL 34241			83					
				i	64 City			FL		Code
11	 Pursuant t or register familiar wit 	to the provisions of Sections 617. ed agent, or both, in the State of th, and accept the obligations of,	0502 and 617.1508, Florida Statute Florida. Such change was authorize Section 617.0503, Florida Statutes.	s, the above of by the or	e-named co prporation's	orporati board	on submits this statement for the purp of directors. I hereby accept the appoi	ose of chan ntment as re	ging its re egistered	igistered office agent. I am
SIG	GNATURE _									
12		Signature, typed or printed name of registered	S AND DIRECTORS	TE: Registered A	gent signature	required wi	hen reinstating) ADDITIONS/CHANGES TO OFFIC	DATE OF ANID (NDEOTO	50 11 40
TiT		D	DELETE	1.1 [8]	r	PIC	1		Change	Addition
NA!		RICHARDSON, JOHN PET		1.1 (41)					LUMBILLE	[] ruunion
		NICHANDOUN, JOHN FEI	E	1.2 MAI	10	12:7	hardson, John Pet	her b	• - •	
	· ·	16150 MANES RD.	E	1.2 NAI		12:7	hardson, John Pet	ler b		
LCIT	REET ADDRESS	16150 MANES RD.	E	1.3 STF	EET ADDRESS	160	chardson, John Pet 150 Manes Rd	Her -		
THI	REET ADDRESS Y-ST-ZIP	-		1.3 STF 1.4 CIT	EET ADORESS (-ST-ZIP	160	thardson, John Per 50 Manes Rd Irasota FL 3421	нег 10		Addition
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TITI NAM STE	HEET ADDRESS LE REET ADDRESS LY-ST-ZIP	16150 MANES RD. SARASOTA FL PD DUGGAN, MAURIE A. 551 MYAKKA ROAD		1.3 STF 1.4 CIT 2.1 TITI 2.2 NAJ 2.3 STF	EET ADDRESS 1-ST-ZIP E ME ME EET ADDRESS Y-ST-ZIP	166 50 7/ DU 55	thardson, John Per 50 Manes Rd masche FL 3421 T/D ggan, Maurie P ggan, Maurie P 11 Myakka Rd Lrasota FL 34	10 1. 2	Change	
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maurie A. Duggan Hause of Signing OFFICER OR DIR

1/18/96 (941) 322-1657