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Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20427 (3)

1. Corporation Name

OLD MIAKKA FIRE AND RESCUE AUXILIARY, INC.



Principal Place of Business

Mailing Address

6750 BEE RIDGE ROAD
C/O STEPHEN HANDRA
SARASOTA FL 34241

6750 BEE RIDGE ROAD
C/O STEPHEN HANDRA
SARASOTA FL 34241-5749

2. Principal Place of Business

21 15911 Rawls Rd

2a. Mailing Address

26 15911 Rawls Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sarasota FL

24 Zip Country

24 34240

27 City & State

28 Sarasota FL

29 Zip Country

29 34240

30

3. Date Incorporated or Qualified
05/01/1987

3a. Date of Last Report
01/25/1996

4. FEI Number
65-0066881

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JOSEPH D.
6750 BEE RIDGE RD.
SARASOTA FL 34241

81 Name Charles W. Johnston

82 Street Address (P.O. Box Number is Not Acceptable)

83 15911 Rawls Road

84

City Sarasota

FL

85 Zip Code
34240

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RICHARDSON, JOHN PETE

STREET ADDRESS 16150 MANES RD.

CITY-ST-ZIP SARASOTA FL

TITLE VTD ☐ DELETE

NAME DUGGAN, MAURIE A.

STREET ADDRESS 551 MYAKKA ROAD

CITY-ST-ZIP SARASOTA FL

TITLE SD ☐ DELETE

NAME RICHARDSON, ELLEN

STREET ADDRESS 16150 MANES RD.

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME DUGGAN, DENNIS J

STREET ADDRESS 551 MYAKKA RD.

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

1-18-97

941-322-1973

CR2E037 (9/96)