

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N48085 (7)

1. Corporation Name

BAYSHORE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

17171 TARPON WAY
N. FT. MYERS FL 33917

Mailing Address

17171 TARPON WAY
N. FT. MYERS FL 33917



3. Date Incorporated or Qualified
03/27/1992

3a. Date of Last Report
08/23/1995

4. FEI Number

65-0363619

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HICKIN, IAN J.
17171 TARPON WAY
NORTH FT. MYERS FL 33917

81 Name

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

83

84 City

FL

85

Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HICKIN, IAN J
STREET ADDRESS 17171 TARPON WAY
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DT
NAME MERRIFIELD, DENNIS J
STREET ADDRESS 17171 TARPON WAY
CITY-ST-ZIP N FORT MYERS FL

☒ DELETE

2.1 TITLE DT
2.2 NAME Robert P. Blazetti Jr.
2.3 STREET ADDRESS 17171 TARPON WAY
2.4 CITY-ST-ZIP N FT. MYERS FL 33917

☒ Change

☐ Addition

TITLE DV
NAME JURKOWSKI, RICHARD
STREET ADDRESS 17171 TARPON WAY
CITY-ST-ZIP N. FT. MYERS FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DS
NAME DECKER, CRAIG
STREET ADDRESS 17171 TARPON WAY
CITY-ST-ZIP N FORT MYERS FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME KURSEY, KEITH
STREET ADDRESS 17171 TARPON WAY
CITY-ST-ZIP N FORT MYERS FL

☒ DELETE

5.1 TITLE VD
5.2 NAME Dennis J. Merrifield
5.3 STREET ADDRESS 17171 TARPON WAY
5.4 CITY-ST-ZIP N. FT. MYERS FL 33917

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Robert P. Blazetti Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1996

Date

(941) 543-3443

Daytime Phone #

CR2E037 (12/95)