

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48085 (7)**  
1. Corporation Name  
**BAYSHORE VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business <b>17171 TARPON WAY N. FT. MYERS FL 33917</b>	Mailing Address <b>17171 TARPON WAY N. FT. MYERS FL 33917-3740</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/27/1992</b>		3a. Date of Last Report <b>04/29/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0363619</b>		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HICKIN, IAN J. 17171 TARPON WAY NORTH FT. MYERS FL 33917</b>				10. Name and Address of New Registered Agent			
81 Name <b>Dennis J. Merrifield</b>				85 Zip Code <b>33917</b>			
82 Street Address (P.O. Box Number is Not Acceptable) <b>17171 TARPON WAY</b>							
83							
84 City <b>North Fort Myers</b>				85 FL			

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 Dennis J. Merrifield D. J. Merrifield DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and if not applicable, (NOTE - Registered Agent signature required when re-registering))

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKIN, IAN J		1.2 NAME	DENNIS J. Merrifield	
STREET ADDRESS	17171 TARPON WAY		1.3 STREET ADDRESS	17171 TARPON WAY	
CITY - ST - ZIP	FT. MYERS FL		1.4 CITY - ST - ZIP	N. Fort Myers, FL 33917	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT P. BIASETTI, JR.		2.2 NAME	Jay L. Miller	
STREET ADDRESS	17171 TARPON WAY		2.3 STREET ADDRESS	17171 TARPON WAY	
CITY - ST - ZIP	N FORT MYERS FL		2.4 CITY - ST - ZIP	N. Fort Myers, FL 33917	
TITLE	DV	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JURKOWSKI, RICHARD		3.2 NAME	Joseph Wise	
STREET ADDRESS	17171 TARPON WAY		3.3 STREET ADDRESS	17171 TARPON WAY	
CITY - ST - ZIP	N. FT. MYERS FL		3.4 CITY - ST - ZIP	N. Fort Myers, FL 33917	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, CRAIG		4.2 NAME		
STREET ADDRESS	17171 TARPON WAY		4.3 STREET ADDRESS		
CITY - ST - ZIP	N FORT MYERS FL		4.4 CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS J. MERRIFIELD		5.2 NAME		
STREET ADDRESS	17171 TARPON WAY		5.3 STREET ADDRESS		
CITY - ST - ZIP	N FORT MYERS FL		5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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 D. J. Merrifield D. J. Merrifield 2507 041512-3412

CR2E037 (9/96)