

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90008 007 ****61.25

0002362

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N92000000326

1. Corporation Name
PORT ORANGE FIRE AND RESCUE BENEVOLENT FUND, INC

Principal Place of Business 1090 CITY CENTER BLVD PORT ORANGE FL 32119 US	Mailing Address 1090 CITY CENTER BLVD PORT ORANGE FL 32119 US
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1992
Suite, Apt. #, etc. - 22	Suite, Apt. #, etc. - 27	4. FEI-Number 59-3154469
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GILL, ERIC V. 4393 RIDGEWOOD AVENUE SUITE 1 PT. ORANGE FL 32127				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCMS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAMETER, ALAN	1.2 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERIDAN, FRANK T	2.2 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGMAN, KENNETH D	3.2 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERTZ, MICHAEL L	4.2 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, GARY P	5.2 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE 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 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, with all other like empowered.

SIGNATURE: SIGNATURE RICHARD DELAMETER 04/05/99 (904) 756-5401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)