

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 # 708068 (2)

1. Corporation Name
THE ESTERO PRECINCT 12 VOLUNTEER FIRE COMPANY NO 1, INC.



Principal Place of Business
**20241 S. TAMiami TRAIL
P.O. BOX 322
ESTERO FL 33928**

Mailing Address
**20241 S. TAMiami TRAIL
P.O. BOX 322
ESTERO FL 33928**

3. Date Incorporated or Qualified **11/06/1964** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
21 Same as above
Suite, Apt. #, etc. **N/A**
City & State **Estero FL**
Zip **33928** Country **USA**

2a. Mailing Address
26 Same as above
Suite, Apt. #, etc. **N/A**
City & State
Zip Country

4. FEI Number **06-0030200** 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
**WINLAND, GREGORY
9132 IRVING RD
P O BOX 201
FT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name **JAMES SEATON**
82 Street Address (P.O. Box Number is Not Acceptable) **18476 MIAMI BLVD**
83
84 City **Ft Myers** 85 Zip Code **FL 33912**

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 *James Seaton* (NOTE: Registered Agent signature required when reinstating) DATE **4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WINLAND, GREGORY	1.2 NAME	JAMES SEATON
STREET ADDRESS	9132 IRVING RD FT MYERS, FL	1.3 STREET ADDRESS	18476 Miami BLVD
CITY-ST-ZIP	ESTERO, FL 00000	1.4 CITY-ST-ZIP	Ft Myers FL 33912
TITLE	VD	2.1 TITLE	VD
NAME	SCHROEDER, DALE	2.2 NAME	GREGORY WINLAND
STREET ADDRESS	8318 BAMBOO RD	2.3 STREET ADDRESS	9132 Irving Rd
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft Myers FL 33912
TITLE	SD	3.1 TITLE	SD & TD
NAME	BRADY, COLIN	3.2 NAME	STEPHEN KRAUSE
STREET ADDRESS	20535 S. TAMiami TRAIL	3.3 STREET ADDRESS	18500 Olive rd.
CITY-ST-ZIP	ESTERO FL 33928	3.4 CITY-ST-ZIP	Ft Myers FL 33912
TITLE	V	4.1 TITLE	
NAME	KRAUSE, STEPHEN R	4.2 NAME	
STREET ADDRESS	18500 OLIVE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33912	4.4 CITY-ST-ZIP	
TITLE	SDTD	5.1 TITLE	
NAME	SEATON, JAMES	5.2 NAME	
STREET ADDRESS	18476 MIAMI BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: *James Seaton* 4/22/96 **941-267-3713**

CR2E037 (12/95)