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May 27 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 # **711047** **(1)**

1. Corporation Name

THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
1030 OVERSEAS HWY..MM68 1/2 P.O.BOX 624 LONG KEY FL 33001	1030 OVERSEAS HWY..MM68 1/2 P.O.BOX 624 LONG KEY FL 33001-0624

3. Date Incorporated or Qualified: 06/15/1966
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business
21:
Suite, Apt #, etc
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 59-2336398 ☐ 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

FLETCHER, WAYNE L.
65821 US HWY #1
LAYTON FL 33001

10. Name and Address of New Registered Agent

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 _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MACLAREN, CHARLES		1.2 NAME		
STREET ADDRESS	122 LAYTON DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAYTON FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLETCHER, TERESA		2.2 NAME		
STREET ADDRESS	LOT 368 OUTDOOR RESORTS		2.3 STREET ADDRESS		
CITY-ST-ZIP	LONG KEY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARING, MICHAEL		3.2 NAME		
STREET ADDRESS	OSH LAYTON		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAYTON FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILLMAN, HARVEY		4.2 NAME		
STREET ADDRESS	RT 1 BOX 180		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARING, RITA		5.2 NAME		
STREET ADDRESS	65820 OVERSEAS HWY		5.3 STREET ADDRESS		
CITY-ST-ZIP	LONG KEY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] REQUIRED Treasurer 4/20/97 305 664 0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026386