

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 # 721493 (5)
1. Corporation Name
CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business
**5302 W. THONOTOSASSA
PO BOX 1303
PLANT CITY FL 33565-8425**

Mailing Address
**5302 W. THONOTOSASSA
PO BOX 1303
PLANT CITY FL 33565-8425**

3. Date Incorporated or Qualified
08/10/1971

3a. Date of Last Report
06/15/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1720887		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip		Country					
24		25					
		29		30			

9. Name and Address of Current Registered Agent

**FLOYD, CHARLES L. SR.
1912 W HUNTER RD.
PLANT CITY FL 33566**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, RHONDA D	1.2 NAME	
STREET ADDRESS	4811 W. BOOTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTI, DAVID	2.2 NAME	
STREET ADDRESS	1246 TERRACE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DORCAS	3.2 NAME	
STREET ADDRESS	4902 W KNIGHTS GRIFFIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, CHARLES L SR	4.2 NAME	
STREET ADDRESS	1912 W HUNTER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, GERALD	5.2 NAME	
STREET ADDRESS	4811 W BOOTH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	5.4 CITY-ST-ZIP	
TITLE		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 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:

Rhonda D Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda D Walker
Date

1/21/96 (813) 7573915
Daytime Phone #

CR2E037 (12/95)