

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:06

DOCUMENT # 723561

(7)

1. Corporation Name

THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

3528 HOLIDAY DR.
PANAMA CITY BEACH FL 32408-6063

3528 HOLIDAY DR.
PANAMA CITY BEACH FL 32408-6063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1972

3a. Date of Last Report

01/20/1994

4. FEI Number

23-7322380

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STOPKA, BOB
134 BOCA LAGOON DR
PANAMA CITY BEACH FL 32408

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	ROOF, RICK
STREET ADDRESS	159 BOCA LAGOON DR
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	VD
NAME	JOYNER, STEVE
STREET ADDRESS	7122 S. LAGOON DR
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	SD
NAME	PATTERSON, SUSAN
STREET ADDRESS	3716 BETSY LANE
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	TD
NAME	STOPKA, BOB
STREET ADDRESS	134 BOCA LAGOON DR
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	MOORE, RICH
STREET ADDRESS	5813 HILLTOP AVE
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WALKER, FRED	
1.3 STREET ADDRESS	3928 HOLIDAY DRIVE	N/A
1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL.	32408
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	WHITED, KEITH	
2.3 STREET ADDRESS	3928 HOLIDAY DRIVE	N/A
2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL.	32408
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Robert J. Stopka

Robert J. Stopka, Treas.

JAN 14, 1995

904-234-2266

SIGNATURE AND TITLE FOR EACH NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone #