

# 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 # 723561 (7)**  
1. Corporation Name  
**THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**3928 HOLIDAY DR.  
PANAMA CITY BEACH FL 32408-6063**

Mailing Address  
**3928 HOLIDAY DR.  
PANAMA CITY BEACH FL 32408-6063**

3. Date Incorporated or Qualified  
**05/31/1972**

3a. Date of Last Report  
**01/23/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

9. Name and Address of Current Registered Agent  
**STOPKA, BOB  
134 BOCA LAGOON DR  
PANAMA CITY BEACH FL 32408**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALKER, FRED</b>		1.2 NAME <b>RICK ROBESON</b>	
STREET ADDRESS <b>3928 HOLIDAY DR</b>		1.3 STREET ADDRESS <b>3928 HOLIDAY DR.</b>	
CITY-ST-ZIP <b>PANAMA CITY BCH FL</b>		1.4 CITY-ST-ZIP <b>PANAMA CITY BCH., FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITED, KEITH</b>		2.2 NAME <b>FRED WALKER</b>	
STREET ADDRESS <b>3928 HOLIDAY DR</b>		2.3 STREET ADDRESS <b>3928 HOLIDAY DR.</b>	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL</b>		2.4 CITY-ST-ZIP <b>PANAMA CITY BCH., FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATTERSON, SUSAN</b>		3.2 NAME	
STREET ADDRESS <b>3716 BETSY LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL 32408</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STOPKA, BOB</b>		4.2 NAME	
STREET ADDRESS <b>134 BOCA LAGOON DR</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOORE, RICH</b>		5.2 NAME	
STREET ADDRESS <b>5813 HILLTOP AVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL 32408</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>WARREN PATTERSON</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>3928 HOLIDAY DR</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>PANAMA CITY BCH., FL</b>	

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: WARREN G. PATTERSON** *Warren Patterson* **1/16/96** **904-234-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)