

FILE NOW: FILING FEE IS \$61.25

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**Jan 17 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 05/31/1972	3a. Date of Last Report 01/19/1996
4. FEI Number 23-7322380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip	29. Zip
25. Country	30. Country

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
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBESON, RICK	
STREET ADDRESS	3928 HOLIDAY DR.	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, FRED	
STREET ADDRESS	3928 HOLIDAY DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PATTERSON, SUSAN	
STREET ADDRESS	3716 BETSY LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STOPKA, BOB	
STREET ADDRESS	134 BOCA LAGOON DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, RICH	
STREET ADDRESS	5813 HILLTOP AVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATTERSON, WARREN	
STREET ADDRESS	3928 HOLIDAY DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SNYDER, GARY	
1.3 STREET ADDRESS	3928 HOLIDAY DR. PANAMA CITY BCH, FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBESON, RICK	
2.3 STREET ADDRESS	3928 HOLIDAY DR.	
2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McEWEN, JAMES	
5.3 STREET ADDRESS	3928 HOLIDAY DR.	
5.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Robert J. Stopka* **Robert J Stopka TREAS. 1/13/97** 904-234-2266
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009887

CR2E037 (9/96)