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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723561

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/31/1972

4. FEI Number

23-7322380

Applied For

Not Applicable

5. Certificate of Status Desired X X

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME SNYDER, GARY
 STREET ADDRESS 3928 HOLIDAY DR.
 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE VD DELETE
 NAME MORRISON, MARTHA
 STREET ADDRESS 3928 HOLIDAY DR
 CITY-ST-ZIP PCB FL

TITLE SD DELETE
 NAME PATTERSON, SUSAN
 STREET ADDRESS 3928 HOLIDAY DR
 CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE TD DELETE
 NAME STOPKA, BOB
 STREET ADDRESS 134 BOCA LAGOON DR
 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D DELETE
 NAME MILLER, JOEL
 STREET ADDRESS 3928 HOLIDAY DR
 CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE D 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 Change Addition
 1.2 NAME WALKER, FRED
 1.3 STREET ADDRESS 3928 HOLIDAY DRIVE
 1.4 CITY-ST-ZIP PANAMA CITY BCH, FL. 32408

2.1 TITLE VD Change Addition
 2.2 NAME FOY, BRIAN
 2.3 STREET ADDRESS 3928 HOLIDAY DRIVE
 2.4 CITY-ST-ZIP PANAMA CITY BCH, 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 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, with all other like empowered.

SIGNATURE:

Relax
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

850-234-2266

Date

Daytime Phone #

CR2E037 (11/98)