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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(8)

THFRFSSA	VOLUNTEER	FIRE D	EPARTMENT.	INC.

Principal Place of Business Mailing Address						I INCH ISSUE INTO DICE HERE IN	i mûtr miste misir		DIGIT BIGIT 1881
RT. 3. BOX 691 STARKE FL 32091		RT. 3. BOX 691 Starke Fl 32091							
						3. Date Incorporated or Qualified 07/06/1976	3a. Date	of Last 5/01/1	
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 04-0012300		\rightarrow	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	30	intry		8. This corporation has liability for Florida Statutes	ntangible tax	under s.	
	9. Name and Address of Current			T		10. Name and Address of New F			
	<u> </u>	D		81	Name		<u> </u>		
	T,MYRON C. JR.			82	Street A	ddress (P.O. Box Number is Not Acceptal:	le)		
PALMET BOX 634	to at nightingale 1						<u> </u>		
KEYSTO	NE HEIGHTS FL			84	City		FL	85 Zij	o Code
or register	to the provisions of Sections 617.0502 and agent, or both, in the State of Floridath, and accept the obligations of, Section	 Such change was authoriz 	ed by the	ove-r	named cor oration's b	poration submits this statement for the purporation of directors. Thereby accept the app-	pose of chan- pintment as re	ging its r gistered	egistered office agent. I am
SIGNATURE	Signature typed or printed name of registered agent an	nd trite if applicable (NC	ille Registere	1 Auge	it signature re	Jured wher rematating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AND (DIRECTO	PRS IN 12
TITLE	PD	DELETE	11T	ITLE				Change	☐ Addition
NAME	HERSEY, JOHN WAYNE		1.2 N	IAME					
STREET ADORESS	HERSEY RD RT 3 BOX 701		1.3 S	TREET	ADORESS				
CITY-ST-ZIP	STARKE, FL 00000				ST - ZIP				
TITLE	STD	DELETE	211				L	Change	☐ Addition
NAME	GRIFFIS, DAVID Z		2 2 N						
STREET ADDRESS	SE 38TH AVE RT 3 BOX 690				ADDRESS				ļ
CITY-ST-ZIP	STARKE, FL 00000	DELETE			ST-ZIP			Change	Addition
TITLE	D DEDOVICE ID	Doereit	317				L	Linange	Addition
NAME	SULLIVAN, PERCY S, JR		32 M						
STREET ADDRESS	CR 18 RT 3 BOX 1175 STARKE, FL 00000				TADDRESS ST-ZIP				
CITY-S1-ZIP TITLE	VD	DELETE	411		31 - ZIF			Change	Addition
NAME	TRIEST, ERNEST E, JR		į.	NAMÉ	ļ		-	•	_
STREET ADDRESS	TRIEST RD BOX 953		E .		ADDRESS				
CITY-ST-ZIP	KEY STONE HGHTS, FL00000				ST - ZIP				
TITLE		DELETE	517) Change	Addition
NAME			521	IAME					
STREET ADDRESS			535	STREET	F ADORESS				
CITY - ST - ZIP			540	HTY - S	ST · ŽIP				
TITLE		DELETE	611	ITLE] Change	Addition
NAME			62)	IAME	ļ				
STREET ADDRESS			635	TREE	T ADDRESS				
CITY-ST-ZIP					SI - ZIP				
44 Lolo barok	w and it that the information a unplied u	isto staio filipo io volumborilu fum	nichad and	Idoo	so not avial	for the exemption stated in Section 119	07/31/b) Flori	da Statu	toe lifurther

too nereby 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 3 if changed, or on a gattackment with an address. DAVID Z. CTRIFFIS (SEC/TRES) MAY 23,1996 904-964-3050

Bayline Proma # SIGNATURE:

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