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Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736290 (8)

1. Corporation Name
THERESSA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business RT. 3, BOX 691 STARKE FL 32091	Mailing Address RT. 3, BOX 691 STARKE FL 32091
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3. Date Incorporated or Qualified 07/06/1976		
4. FEI Number 04-0012300	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business 1692 SE 81st St.	22. Mailing Address Rt 3 Box 688
23. City & State Starke FL	24. City & State Starke FL
25. Zip 32091	26. Country USA
27. Zip 32091	28. Country USA

9. Name and Address of Current Registered Agent PREVATT, MYRON C. JR. PALMETTO AT NIGHTINGALE BOX 634 KEYSTONE HEIGHTS FL	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 FL

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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Asst. Chief / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HERSEY, JOHN WAYNE		1.2 NAME Joey Dampier
STREET ADDRESS HERSEY RD RT 3 BOX 701		1.3 STREET ADDRESS Rt. 3 Box 665
CITY-ST-ZIP STARKE, FL 00000		1.4 CITY-ST-ZIP Starke, FL. 32091
TITLE STD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TREASURER / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRIFFIS, DAVID Z		2.2 NAME Jessie J. Lee
STREET ADDRESS SE 38TH AVE RT 3 BOX 690		2.3 STREET ADDRESS Rt 3 Box 688
CITY-ST-ZIP STARKE, FL 00000		2.4 CITY-ST-ZIP Starke, FL. 32091
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SULLIVAN, PERCY S, JR		3.2 NAME Daniel Hodges
STREET ADDRESS CR 18 RT 3 BOX 1175		3.3 STREET ADDRESS 6084 S.E. H AV.
CITY-ST-ZIP STARKE, FL 00000		3.4 CITY-ST-ZIP STARKE FLA. 32091
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TRIST, ERNEST E, JR		4.2 NAME Jason Hersey
STREET ADDRESS TRIST RD BOX 953		4.3 STREET ADDRESS Rt 3 Box 701
CITY-ST-ZIP KEY STONE HGHTS, FL00000		4.4 CITY-ST-ZIP Starke, FL. 32091
TITLE Asst. Chief	<input type="checkbox"/> DELETE	5.1 TITLE V. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joey Dampier		5.2 NAME Keith Hollingsworth
STREET ADDRESS Rt 3 Box 665		5.3 STREET ADDRESS Rt 3 Box 715
CITY-ST-ZIP Starke, FL. 32091		5.4 CITY-ST-ZIP Starke, FL. 32091
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Asst. Chief / DIRECTOR** Change Addition

1.2 NAME **Joey Dampier**

1.3 STREET ADDRESS **Rt. 3 Box 665**

1.4 CITY-ST-ZIP **Starke, FL. 32091**

2.1 TITLE **TREASURER / DIRECTOR** Change Addition

2.2 NAME **Jessie J. Lee**

2.3 STREET ADDRESS **Rt 3 Box 688**

2.4 CITY-ST-ZIP **Starke, FL. 32091**

3.1 TITLE **Secretary** Change Addition

3.2 NAME **Daniel Hodges**

3.3 STREET ADDRESS **6084 S.E. H AV.**

3.4 CITY-ST-ZIP **STARKE FLA. 32091**

4.1 TITLE **PRESIDENT / DIRECTOR** Change Addition

4.2 NAME **Jason Hersey**

4.3 STREET ADDRESS **Rt 3 Box 701**

4.4 CITY-ST-ZIP **Starke, FL. 32091**

5.1 TITLE **V. Pres.** Change Addition

5.2 NAME **Keith Hollingsworth**

5.3 STREET ADDRESS **Rt 3 Box 715**

5.4 CITY-ST-ZIP **Starke, FL. 32091**

6.1 TITLE

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.

SIGNATURE: *[Handwritten Signature]* DATE: **7/23/98** 257-473-2137

CR2E037 (10/97)