


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

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|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **737046** (3)
 1. Corporation Name
TOWN OF MARINELAND VOLUNTEER FIRE DEPARTMENT, INC.



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| Principal Place of Business 9507 OCEAN SHORE BLVD. MARINELAND FL 32086 | Mailing Address 9507 OCEAN SHORE BLVD. MARINELAND FL 32086 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|---------------------|------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/14/1976 | 3a. Date of Last Report 05/16/1996 |
| 21 Suite, Apt. #, etc. | 22 City & State | 23 Zip | 24 Country | 4. FEI Number 59-1003937 | Applied For Not Applicable |
| 25 | 26 | 27 | 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 29 | 30 | 31 | 32 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

**DIXON, SUZANNE
 5455 WINDANTIDE RD
 ST. AUGUSTINE FL 32086**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE PD | DIXON, SUZANNE 5455 WINDANTIDE RD ST AUGUSTINE FL | 1.1 TITLE PD | James C. Netherton III 9507 Ocean Shore Blvd. Marineland Fl 32086 |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE D | BRUNSON, JENNIFER S. 737 QUEEN ROAD ST. AUGUSTINE FL | 2.1 TITLE VD | Wayne Stolzer 176 Marina Dr. Marineland, FL 32086 |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE D | STUCKEY, NICK STAR ROUTE 111 BUNNELL FL | 3.1 TITLE D | Linda Stolzer 176 Marina Dr. Marineland, FL 32086 |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE D | TAYLOR, MARK 36 FLORIDA AVE. ST. AUGUSTINE FL | 4.1 TITLE D | Dennis Laporte 176 Marina DR. Marineland, FL 32086 |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE DV | DEVOE, TOM 1850 OLD MOUNTRIE ROAD ST AUGUSTINE FL | 5.1 TITLE D | Elaine Laporte 176 Marina Dr. Marineland, FL 32086 |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE DV | PALMER, DAN 200 C R 13 S ST. AUGUSTINE FL | 6.1 TITLE D | Doug Wright 176 Marina Dr. Marineland, FL 32086 |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

CR2E037 (4/97)