

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

APPROVED  
AND  
FILED

1996 SEP -4 PM 4: 13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05580 (8)**  
 1. Corporation Name  
**CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business <b>510 MORRIS AVE. CANTONMENT FL 32533-1150</b>	Mailing Address <b>510 MORRIS AVE. CANTONMENT FL 32533-1150</b>
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3. Date Incorporated or Qualified <b>10/09/1984</b>	3a. Date of Last Report <b>03/13/1995</b>
4. FEI Number <b>51-0186011</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 <b>2 WOODLAND AVENUE</b>	2a. Mailing Address 26 <b>2 WOODLAND AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 <b>CANTONMENT FL 32533</b>	27 City & State 28 <b>CANTONMENT FL 32533</b>
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**MOORE, JEAN  
2098 OLD CHEMSTEAD ROAD  
CANTONMENT FL 32533**

10. Name and Address of New Registered Agent  
 81 Name **SMITH, JOHNNELL**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1951 STACY ROAD**  
 83  
 84 City **CANTONMENT** **FL** 85 Zip Code **32533**

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 *Johnell Smith* **8/17/96**  
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	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ANDY	
STREET ADDRESS	133 HARVEST HILL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOLTON, DANNY	
STREET ADDRESS	598 MCKENZIE RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, JEAN	
STREET ADDRESS	2098 OLD CHEMSTRAND RD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HALL, KEVIN	
STREET ADDRESS	85 DANIELLE LANE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLOWERS, RALPH	
STREET ADDRESS	101 WILLIAMS DITCH ROAD	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELCH, DONALD	
STREET ADDRESS	50 EDEN LN.	
CITY-ST-ZIP	CANTONMENT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD	
1.3 STREET ADDRESS	JOHNNELL SMITH	
1.4 CITY-ST-ZIP	1951 STACY ROAD. CANTONMENT FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN M. ELDER	
2.3 STREET ADDRESS	1937 RYALE ROAD	
2.4 CITY-ST-ZIP	CANTONMENT FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHERRI D. ELDER	
3.3 STREET ADDRESS	1937 RYALE ROAD. CANTONMENT FL	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREG SNYDER	
4.3 STREET ADDRESS	85 DANIELLE LN., CANTONMENT FL	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PEGGY WOMACK	
5.3 STREET ADDRESS	602 COWLER AVE	
5.4 CITY-ST-ZIP	CANTONMENT FL 32533	
6.1 TITLE	CB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LLOYD PICKENS	
6.3 STREET ADDRESS	109 HARVEST HILL DR.	
6.4 CITY-ST-ZIP	CANTONMENT FL 32533	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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 13 if changed, or on an attachment with an address

SIGNATURE: *Johnell Smith* **Johnell Smith** **7/31/96** **479-3004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)