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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05580 (8)
1. Corporation Name
CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business: 2 WOODLAND AVENUE, CANTONMENT FL 32533
Mailing Address: 2 WOODLAND AVENUE, CANTONMENT FL 32533-1155

3. Date Incorporated or Qualified: 10/09/1984
3a. Date of Last Report: 09/04/1996
4. FEI Number: 51-0186011
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SMITH, JOHNNEL
1951 STACY ROAD
CANTONMENT FL 32533

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: *Johnell Smith* Johnell Smith President 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHNNEL	1.2 NAME	
STREET ADDRESS	1951 STACY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, JOHN M	2.2 NAME	
STREET ADDRESS	1937 RYALE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDER, SHERRI D	3.2 NAME	
STREET ADDRESS	1937 RYALE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GREG	4.2 NAME	
STREET ADDRESS	85 DANIELLE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, PEGGY	5.2 NAME	
STREET ADDRESS	602 COWLER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	5.4 CITY-ST-ZIP	
TITLE	CB <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKENS, LLOYD	6.2 NAME	
STREET ADDRESS	109 HARVEST HILL DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	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: *Johnell Smith* 1/27/97 (904)479-3004

CR2E037 (9/96)