

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandr B. Wortham
Secretary of State
DIVISION OF CORPORATIONS

N91 00000 3078

APPROVED AND FILED
97 NOV 10 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
BLACKMAN COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
Blackman Community Volunteer Fire Department, Inc. %Tom Fuqua

3. Date incorporated or Qualified June 10, 1996
3a. Date of Last Report none
4. FEI Number 59-3461694 Applied For Not Applicable
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 1850 Hwy 2 Suite, Apt. #, etc. 22 Baker, FL
2a. Mailing Address 26 5 Clifford Dr. Suite, Apt. #, etc. 27 Shalimar, FL
23 Zip 24 32531 Country 25 Okaloosa 29 Zip 30 32579 Country 30 Okaloosa

9. Name and Address of Current Registered Agent
MARK WELTON & associates
1078 South Ferdon Blvd., Suite B
Crestview, Florida 32536

10. Name and Address of New Registered Agent
81 Name Emmerie J. Courtney
82 Street Address (P.O. Box Number is Not Acceptable) c/o Blackwater River Country Store
83 7580 N. Hwy 189
84 City Baker FL 85 Zip Code 32531

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 *Emmerie J. Courtney* EMMERIE J. COURTNEY 11-3-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Andrea Prestwood	
STREET ADDRESS	2700 Hwy 2	
CITY-ST-ZIP	Baker, FL 32531	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Kenneth Finkel	
STREET ADDRESS	1241 Finkel Road	
CITY-ST-ZIP	Baker, FL 32531	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Tom Fuqua	
1.3 STREET ADDRESS	5 Clifford Drive	
1.4 CITY-ST-ZIP	Shalimar, FL 32579	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sam Tew	
2.3 STREET ADDRESS	7712 Peacock Rd.	
2.4 CITY-ST-ZIP	Baker, FL 32531	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Raymond Cook	
3.3 STREET ADDRESS	7638 N. Hwy. 189	
3.4 CITY-ST-ZIP	Baker Fla 32531	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Tom Fuqua, Secretary *Tom Fuqua* 850-651-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)