

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 770635 (1)

1. Corporation Name

LURAVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

RT 4 BOX 409
LIVE OAK FL 32060

RT 4 BOX 409
LIVE OAK FL 32060

3. Date Incorporated or Qualified
10/07/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 20510 180th ST

25 15610 221st Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Live oak FL

28 Live oak FL

Zip Country

Zip Country

24 32060

25 SUWANNEE

29 32060

30 SUWANNEE

4. FEI Number

59-2863063

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZITVER, JOHN
RT 4 BOX 409
LIVE OAK FL 32060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
NICKERSON, HOWARD
STREET ADDRESS
RT 5 BOX 149
CITY-ST-ZIP
LIVE OAK FL 32060

1.2 TITLE ☐ DELETE

NAME
ZITVER, JOHN
STREET ADDRESS
RT 4 BOX 409
CITY-ST-ZIP
LIVE OAK FL

1.3 TITLE ☒ DELETE

NAME
LANIER, CHARLIE
STREET ADDRESS
RT 1 BOX 770
CITY-ST-ZIP
MCALPIN FL 32062

1.4 TITLE ☐ DELETE

NAME
HARRISON, CHRIS
STREET ADDRESS
RT 1 BOX 653
CITY-ST-ZIP
MCALPIN FL 32062

1.5 TITLE ☐ DELETE

NAME
YETTON, JIM
STREET ADDRESS
ROUTE 4 BOX
CITY-ST-ZIP
LIVE OAK FL 32060

1.6 TITLE ☐ DELETE

NAME
ALFORD, DAVID
STREET ADDRESS
RT 5 BOX 135
CITY-ST-ZIP
LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME
David Alford
STREET ADDRESS
15610 221st Rd
CITY-ST-ZIP
Live oak FL 32060

3.1 TITLE ☒ Change ☐ Addition

NAME
John Zitver
STREET ADDRESS
RT 4 Box 409
CITY-ST-ZIP
Live oak FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

David R. Alford Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96 904-776-2426

Date: Daytime Phone:

CR2E037 (12/95)