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Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

20510 180TH ST.
LIVE OAK FL 32060

Mailing Address

15610 221ST RD.
LIVE OAK FL 32060-5215

3. Date Incorporated or Qualified

10/07/1983

3a. Date of Last Report

05/14/1996

2. Principal Place of Business

21 20510 180TH ST

Suite, Apt. #, etc.

22 City & State

23 Live Oak, FL

Zip

Country

24 32060

25 32060

2a. Mailing Address

26 RT 5 BOX 149

Suite, Apt. #, etc.

27 City & State

28 Live Oak, FL

Zip

Country

29 32060

30 32060

4. FEI Number

59-2863063

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE FCD
NAME NICKERSON, HOWARD
STREET ADDRESS RT 5 BOX 149
CITY-ST-ZIP LIVE OAK FL 32060☐ DELETETITLE P
NAME ALFORD, DAVID
STREET ADDRESS 15610 221ST RD.
CITY-ST-ZIP LIVE OAK FL 32060☐ DELETETITLE T
NAME ZITVER, JOHN
STREET ADDRESS RT 4 BOX 409
CITY-ST-ZIP LIVE OAK FL☒ DELETETITLE FC
NAME HARRISON, CHRIS
STREET ADDRESS RT 1 BOX 653
CITY-ST-ZIP MCALPIN FL 32062☐ DELETETITLE D
NAME YETTON, JIM
STREET ADDRESS ROUTE 4 BOX
CITY-ST-ZIP LIVE OAK FL 32060☐ DELETETITLE VP
NAME ZITVER, JOHN
STREET ADDRESS RT 4 BOX 409
CITY-ST-ZIP LIVE OAK FL 32060☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP☐ Change ☐ Addition2.1 TITLE Same
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME Winnie Zitver
3.3 STREET ADDRESS RT 4 Box 409
3.4 CITY-ST-ZIP Live Oak, FL 32060☐ Change ☒ Addition4.1 TITLE Same
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE Same
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE VP
6.2 NAME Debbie Nickerson
6.3 STREET ADDRESS RT 5 Box 149
6.4 CITY-ST-ZIP Live Oak, FL 32060☐ Change ☒ Addition

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:

Signature and typed or printed name of signing officer or director

01/29/97

Date

704-776-2126

Daytime Phone # 0000794

CR2E037 (9/96)