


1-22-98 15 0348 L
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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2 WOODLAND AVENUE CANTONMENT FL 32533	Mailing Address 2 WOODLAND AVENUE CANTONMENT FL 32533
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3. Date Incorporated or Qualified

10/09/1984

4. FEI Number

51-0186011

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JOHNNEL
1951 STACY ROAD
CANTONMENT FL 32533**

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	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHNNEL	
STREET ADDRESS	1951 STACY ROAD	
CITY-ST-ZIP	CANTONMENT FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ELDER, JOHN M	
STREET ADDRESS	1937 RYALE ROAD	
CITY-ST-ZIP	CANTONMENT FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELDER, SHERRI D	
STREET ADDRESS	1937 RYALE ROAD	
CITY-ST-ZIP	CANTONMENT FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, GREG	
STREET ADDRESS	85 DANIELLE LANE	
CITY-ST-ZIP	CANTONMENT FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WOMACK, PEGGY	
STREET ADDRESS	602 COWLER AVE.	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	CB	<input type="checkbox"/> DELETE
NAME	PICKENS, LLOYD	
STREET ADDRESS	109 HARVEST HILL DR.	
CITY-ST-ZIP	CANTONMENT FL 32533	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, CONNIE P.	
1.3 STREET ADDRESS	2714 MONICA LN.	
1.4 CITY-ST-ZIP	CANTONMENT, FL. 32533	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input 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 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:

Johnnel Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/98
Date

479-3008
Daytime Phone #

CR2E037 (10/97)