

# 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 # **700147** (2)

1. Corporation Name

**CORTEZ VOLUNTEER FIRE DEPARTMENT\*\*\*\*\***



Principal Place of Business

4517 123RD ST CT W.  
BOX 182  
CORTEZ FL 34215

Mailing Address

4517 123RD ST CT W.  
BOX 182  
CORTEZ FL 34215

3. Date Incorporated or Qualified  
**11/12/1959**

3a. Date of Last Report  
**10/30/1995**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**59-1976352**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

23

27

Zip

Country

Zip

Country

24

25

29

30

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

~~WILLIAMS, JACK~~ Maddox, Jane  
4517 123RD ST. CT., WEST  
CORTEZ FL 34215

81

Name **Jane Maddox**

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, Chapter 617, Florida Statutes.

SIGNATURE

*Jane E Maddox*

(NOTE: Registered Agent signature required when reinstating)

**1-22-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **2nd VP** ☐ DELETE  
NAME **STEPHENS, DANNY** *Larry Revell*  
STREET ADDRESS **6001 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **4517 123rd ST. CT. W**  
1.4 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE **TD** ☐ DELETE  
NAME **LONZO, SUSAN** *Phillip Barret*  
STREET ADDRESS **6001 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **4517 123rd ST. CT. W.**  
2.4 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE **SD** ☐ DELETE  
NAME **STEPHENSON, KELLY** *Lillian Tobin*  
STREET ADDRESS **6001 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **4517 123rd ST. CT. W**  
3.4 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE **President** ☐ DELETE  
NAME **MADDOX, JANE**  
STREET ADDRESS **6001 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **4517 123rd ST. CT. W.**  
4.4 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE **VP** ☐ DELETE  
NAME **WILLIAMS, JACK**  
STREET ADDRESS **6001 MARINA DRIVE**  
CITY-ST-ZIP **HOLMES BEACH FL 34217**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **4517 123rd ST. CT. W.**  
5.4 CITY-ST-ZIP **CORTEZ FL 34215**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*JANE E MADDOX*

*Jane E Maddox*

**1/22/96**

**778-6621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)