

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

4517 123RD ST CT W.
BOX 182
CORTEZ FL 342154517 123RD ST CT W.
BOX 182
CORTEZ FL 34215-0182

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/12/1959

3a. Date of Last Report

02/01/1996

4. FEI Number

59-1976352

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

10. Name and Address of New Registered Agent

MADDOX, JANE
4517 123RD ST. CT., WEST
CORTEZ FL 34215

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

Jane E Maddox

Jane Maddox

1/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	POWELL, LARRY	
STREET ADDRESS	4517 123RD STREET CT W	
CITY-ST-ZIP	CORTEZ FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARRET, PHILLIP	
STREET ADDRESS	4517 123RD ST CT W	
CITY-ST-ZIP	CORTEZ FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TOBIN, LILLIAN	
STREET ADDRESS	4517 123RD ST CT W	
CITY-ST-ZIP	CORTEZ FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MADDOX, JANE	
STREET ADDRESS	4517 123RD ST CT W	
CITY-ST-ZIP	CORTEZ FL	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JACK	
STREET ADDRESS	4517 123RD ST CT W	
CITY-ST-ZIP	CORTEZ FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Melser, Chris	
13 STREET ADDRESS	1007 Gulf Dr. N. #219	
14 CITY-ST-ZIP	Bradenton Beach, FL 34217	

21 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Susan Lanzo	
23 STREET ADDRESS	2311 Ave. 'C'	
24 CITY-ST-ZIP	Bradenton Beach Florida 34217	

31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Kelly Stephenson	
33 STREET ADDRESS	8016 56th St. C.E.	
34 CITY-ST-ZIP	Bradenton, FL 34208	

41 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		

51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		

61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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:

Jane E Maddox

1/15/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064842

CR2E037 (9/96)