

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Montham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 700973 (1)
1. Corporation Name
SEFFNER-MANGO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

1706 S KINGSWAY AVE.
P.O. BOX 447
SEFFNER FL 33584-04471706 S KINGSWAY AVE.
P.O. BOX 447
SEFFNER FL 33584-53483. Date Incorporated or Qualified
05/18/19603a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1706 S Kingsway SEFFNER

26 P O Box 447

4. FEI Number
59-3015478Applied For
Not Applicable5. 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

23 33584-5348

25 H/1/S

28 33583-0447

30 H/1/S

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRADLEY, J. PRICE
1113 MELROSE
SEFFNER FL 33584

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME PRICE, BRAD J.
STREET ADDRESS 1113 MELROSE
CITY-ST-ZIP SEFFNER, FL 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T/D ☐ DELETE
NAME PRICE, HENRY T. SR.
STREET ADDRESS 603 W WHEELER RD.
CITY-ST-ZIP SEFFNER FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ARNOLD, GRANT E
STREET ADDRESS 1009 N PARSONS
CITY-ST-ZIP BRANDON FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S/D ☐ DELETE
NAME PRICE, BEVERLY
STREET ADDRESS 113 MELROSE
CITY-ST-ZIP SEFFNER FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE VP/D ☒ DELETE
NAME PRICE, ERICK M.
STREET ADDRESS 604 LAWS LANE
CITY-ST-ZIP SEFFNER FL5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME DOWD, STEVE
STREET ADDRESS 208 LAKE PARSONS GREEN APT. #84
CITY-ST-ZIP BRANDON FL6.1 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 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: Henry T. Price Sr. 1-16-97 813 6391427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)