

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham  
Secretary of State

DIVISION OF CORPORATIONS

1996-14-96

B- 1130

C

DOCUMENT # 705603

(9)

1. Corporation Name

THE RAVENSWOOD-GRIFFIN VOLUNTEER FIRE DEPARTMENT  
, INC.

Principal Place of Business

Mailing Address

2449 WHALE LANE  
FT LAUDERDALE FL 33312

2449 WHALE LANE  
FT LAUDERDALE FL 33312



3. Date Incorporated or Qualified

05/15/1963

3a. Date of Last Report

12/26/1995

2. Principal Place of Business

2a. Mailing Address

21 2449 WHALE HARBOR LANE

26 2449 WHALE HARBOR LANE

4. FEI Number

59-1544066

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 FT. LAUDERDALE, FL

27 FT. LAUDERDALE, FL

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip 33312

Country USA

Zip 33312

Country USA

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

PHILLIPS, STEVE  
2449 WHALE HARBOR LANE  
FT LAUDERDALE FL 33312

81 Name PHILLIPS, STEPHEN L.

82 Street Address (P.O. Box Number is Not Acceptable)

83 2449 WHALE HARBOR LANE

84 City FT. LAUDERDALE

FL

85 Zip Code 33312

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

*Stephen L. Phillips*

STEPHEN L. PHILLIPS, President

2/6/96

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 PD ☐ DELETE  
NAME PHILLIPS, STEVE  
STREET ADDRESS 2449 WHALE HARBOR LANE  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

11 TITLE PD ☒ Change ☐ Addition  
12 NAME PHILLIPS, STEPHEN L.  
13 STREET ADDRESS 2449 WHALE HARBOR LANE  
14 CITY-ST-ZIP FT. LAUDERDALE, FL 33312

TITLE SD ☐ DELETE  
NAME GAUTHIER, WESS  
STREET ADDRESS 7172 SPORTSMAN DR.  
CITY-ST-ZIP N. LAUDERDALE FL 33068

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME STACK, KATHERINE  
STREET ADDRESS 2449 WHALE HARBOR LN.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME STACK, KATHERINE  
STREET ADDRESS 2449 WHALE HARBOR LN  
CITY-ST-ZIP FT LAUDERDALE FL 33312

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME COCHRAN, WAYNE  
STREET ADDRESS 414 SW 7TH ST  
CITY-ST-ZIP FT LAUDERDALE, FL 0

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME RIMAVICUS, PAUL  
STREET ADDRESS 4849 SW 32ND AVE  
CITY-ST-ZIP FT LAUDERDALE, FL 00000

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 appointment with an address.

SIGNATURE:

*Stephen L. Phillips*

President

2/6/96

(954) 583-8648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. PHILLIPS

Date

Daytime Phone #

CR2E037 (12/95)