

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706153 (4)

1. Corporation Name

MIDWAY VOLUNTEER FIRE DEPARTMENT OF SANTA ROSA C  
OUNTY, INC.

Principal Place of Business

Mailing Address

1801 ABERCROMBIE RD.  
GULF BREEZE FL 32562-1023P.O. BOX 1023  
GULF BREEZE FL 32562-1023  
US3. Date Incorporated or Qualified  
09/13/19633a. Date of Last Report  
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURLESON, JAMES A.  
3400-C GREENBRIAR CT  
GULF BREEZE FL 32561

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVD	<input type="checkbox"/> DELETE
NAME	ROBERT CARBONELL	
STREET ADDRESS	3221 NOTRE DAME DR.	
CITY - ST - ZIP	GULF BREEZE FL 32561	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ISAKSON, ROY	
STREET ADDRESS	4712 HICKORY SHORES BLVD.	
CITY - ST - ZIP	GULF BREEZE FL 32562	

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	JAMES A. BURLESON,	
STREET ADDRESS	3400-C GREENBRIAR CT.	
CITY - ST - ZIP	GULF BREEZE FL 32561	

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ISAKSON, CURT	
STREET ADDRESS	4712 HICKOYR SHORES BLVD	
CITY - ST - ZIP	GULF BREEZE FL	

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BURNETT, DAVID	
STREET ADDRESS	5430 SOUNDSIDE DRIVE	
CITY - ST - ZIP	GULF BREEZE FL 32562	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARY CUTCHALL,	
STREET ADDRESS	5337 PECOS PASS	
CITY - ST - ZIP	GULF BREEZE FL 32562	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-97

904-911-7868

Date

Daytime Phone # 0074270

CR2E037 (9/96)