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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706153 (4)

1. Corporation Name

MIDWAY VOLUNTEER FIRE DEPARTMENT OF SANTA ROSA
COUNTY, INC.

Principal Place of Business

Mailing Address

1801 ABERCROMBIE RD.
GULF BREEZE FL 32562-1023

P.O. BOX 1023
GULF BREEZE FL 32562-1023
US

3. Date Incorporated or Qualified

09/13/1963

4. FEI Number

59-6194181

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1801 Abercrombie Rd

22 City & State

27 City & State
28 Gulf Breeze, FL

23 Zip Country

29 32562 Country
30 US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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 David D. Burnett
82 Street Address (P.O. Box Number is Not Acceptable)
1801 Abercrombie Rd
83
84 City Gulf Breeze FL 85 Zip Code 32561

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 David Burnett, Chief

11/20/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVD
NAME ROBERT CARBONELL
STREET ADDRESS 3221 NOTRE DAME DR.
CITY-ST-ZIP GULF BREEZE FL 32561

1.1 TITLE Secretary
1.2 NAME Robert Carbonell
1.3 STREET ADDRESS 3221 Notre Dame Drive
1.4 CITY-ST-ZIP Gulf Breeze, FL 32561

TITLE PD
NAME ISAKSON, ROY
STREET ADDRESS 4712 HICKORY SHORES BLVD.
CITY-ST-ZIP GULF BREEZE FL 32562

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME JAMES A. BURLESON,
STREET ADDRESS 3400-C GREENBRIAR CT.
CITY-ST-ZIP GULF BREEZE FL 32561

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ISAKSON, CURT
STREET ADDRESS 4712 HICKOYR SHORES BLVD
CITY-ST-ZIP GULF BREEZE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME BURNETT, DAVID
STREET ADDRESS 5430 SOUNDSIDE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32562

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME GARY CUTCHALL,
STREET ADDRESS 5337 PECOS PASS
CITY-ST-ZIP GULF BREEZE FL 32562

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

David Burnett, Chief

11/20/98

850-822-4221

CR2E037 (10/97)