

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706160** (9)  
1. Corporation Name  
**SOUTHPORT VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>2115 HWY 2321 SOUTHPORT FL 32409</b>	Mailing Address <b>2115 HWY 2321 SOUTHPORT FL 32409-1660</b>
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3. Date Incorporated or Qualified <b>09/17/1963</b>		3a. Date of Last Report <b>04/12/1996</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
4. FEI Number <b>04-0043100</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ERVIN PAGE HWY 77 A SOUTHPORT FL 32409</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAND, GEORGE</b>	1.2 NAME	
STREET ADDRESS	<b>1204 E. CUTCHEMS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<b>CDT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MICHAEL L</b>	2.2 NAME	
STREET ADDRESS	<b>8821 SILVERLEAF AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, RONNIE</b>	3.2 NAME	
STREET ADDRESS	<b>6716 CAMPBELL RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<b>CS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, BOBBY</b>	4.2 NAME	
STREET ADDRESS	<b>1133 FRED ANDERSON ROAD</b>	4.3 STREET ADDRESS	<b>1736 Cox Rd.</b>
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	4.4 CITY-ST-ZIP	<b>Southport, FL 32409</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>3708 ATLANTIS DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODMAN, TRENA</b>	6.2 NAME	
STREET ADDRESS	<b>3708 ATLANTIS DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHPORT FL 32409</b>	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: Michael L. Taylor REQUIRED **5-1-97** **2650411**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #0008761

CR2E037 (9/96)