

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **708068** (2)

1. Corporation Name
THE ESTERO PRECINCT 12 VOLUNTEER FIRE COMPANY NO 1, INC.



Principal Place of Business
**20241 S. TAMiami TRAIL
P.O. BOX 322
ESTERO FL 33928**

Mailing Address
**20241 S. TAMiami TRAIL
P.O. BOX 322
ESTERO FL 33928**

3. Date Incorporated or Qualified **11/06/1964** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 Same as above	4. FEI Number 06-0030200	Applied For <input type="checkbox"/> Not Applicable
22 N/A	27 N/A	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Estero FL	28 Estero FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33928 USA	29 33928 USA	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
**WINLAND, GREGORY
9132 IRVING RD
P O BOX 201
FT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name **JAMES SEATON**
82 Street Address (P.O. Box Number is Not Acceptable)
18476 MIAMI BLVD
83
84 City **Ft Myers** 85 Zip Code **FL 33912**

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 *James Seaton* (NOTE: Registered Agent signature required when reinstating) DATE **4/22/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINLAND, GREGORY 9132 IRVING RD FT MYERS, FL ESTERO, FL 00000 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD JAMES SEATON 18476 Miami BLVD Ft Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHROEDER, DALE 8318 BAMBOO RD FT MYERS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD GREGORY WINLAND 9132 Irving Rd Ft Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRADY, COLIN 20535 S. TAMiami TRAIL ESTERO FL 33928 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD & TD STEPHEN KRAUSE 18500 Olive rd. Ft Myers FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRAUSE, STEPHEN R 18500 OLIVE RD. FT. MYERS FL 33912 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDTD SEATON, JAMES 18476 MIAMI BLVD FT MYERS FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: *James Seaton* 4/22/96 **941-267-3713**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)