

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

DOCUMENT # 709305

(7)

1. Corporation Name

MICANOPY FIRE DEPT., INC.

Principal Place of Business

704 N.E. CHOLOKKA BLVD.  
P O BOX 409  
MICANOPY FL 32667-0409  
US

Mailing Address

704 N.E. CHOLOKKA BLVD.  
MICANOPY FL 32667-0409  
US



3. Date Incorporated or Qualified  
07/13/1965

3a. Date of Last Report  
02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1285912

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

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

ROUSE, RANDY  
BAY ST  
MICANOPY FL 32667

81

Name Philip Irwin

82

Street Address (P.O. Box Number is Not Acceptable)  
353 NW 3 Avenue

83

84

City Micanopy

FL

85

Zip Code 32667

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 4, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE  
NAME IRWIN, PHILIP  
STREET ADDRESS 353 EESTAUKEE AVE  
CITY-ST-ZIP MICANOPY FL 32667

TITLE DVM ☒ DELETE  
NAME MCELROY, TERRY  
STREET ADDRESS 320 EESTAUKEE AVE  
CITY-ST-ZIP MICANOPY FL 32667

TITLE DP ☐ DELETE  
NAME TAYLOR, ROBERT SR.  
STREET ADDRESS S.R. 234 CHOLOKKA BLVD.  
CITY-ST-ZIP MICANOPY FL 32667

TITLE D ☒ DELETE  
NAME STIRRAT, STEVE  
STREET ADDRESS 106 SE WHITING STREET  
CITY-ST-ZIP MICANOPY FL 32667

TITLE D ☐ DELETE  
NAME JOHNSON, RICHARD  
STREET ADDRESS POBOX 261 CHOLOKKA BLVD  
CITY-ST-ZIP MICANOPY FL 32667

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D JOHNSON, RICHARD  
5.3 STREET ADDRESS POBOX 261 CHOLOKKA BLVD.  
5.4 CITY-ST-ZIP MICANOPY FL 32667

6.1 TITLE ☐ Change ☐ 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 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:

*Philip Irwin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 4, 1996 352 466-3741

CR2E037 (12/95)