


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # **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  
US**

3. Date Incorporated or Qualified **07/13/1965** 3a. Date of Last Report **03/08/1996**

4. FEI Number **59-1285912** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**IRWIN, PHILIP  
353 NW 3RD AVE  
MICANOPY FL 32667**

10. Name and Address of New Registered Agent

**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

*Philip B. Irwin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/13/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>IRWIN, PHILIP</b>	
STREET ADDRESS	<b>353 EESTAUKEE AVE</b>	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, ROBERT SR.</b>	
STREET ADDRESS	<b>S.R. 234 CHOLOKKA BLVD.</b>	
CITY-ST-ZIP	<b>MICANOPY FL 32667</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, RICHARD</b>	
STREET ADDRESS	<b>PO BOX 261 CHOLOKKA BLVD</b>	
CITY-ST-ZIP	<b>MICANOPY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

*Philip B. Irwin*

**Philip B. Irwin**

**2/13/97**

**352  
466-3741**

CR2E037 (9/96)