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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **709549** (0)
1. Corporation Name
STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address

**6180 2ND STREET AND MALONEY AVE.
STOCK ISLAND
KEY WEST FL 33040**

**6180 2ND STREET AND MALONEY AVE.
STOCK ISLAND
KEY WEST FL 33040**

3. Date Incorporated or Qualified **09/07/1965** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2239339** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

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

9. Name and Address of Current Registered Agent

**THOMPSON, BRENT K.
5 12TH AVENUE, S.I.
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name **Wallace L. Folsom**

82 Street Address (P.O. Box Number is Not Acceptable) **26A 12th Avenue, S.I.**

83

84 City **Key West** FL 85 Zip Code **33040**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Wallace L. Folsom* **Wallace L. Folsom, President** 4/24/95
(By Officer, Agent or Person Authorized to Sign for Corporation) (By Officer, Agent or Person Authorized to Sign for Corporation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD THOMPSON, BRENT K. 5 12TH AVENUE, S.I. KEY WEST FL	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Celcer, Gary G. 3333 Duck Ave., Apt. 109D Key West, FL 33040
NAME	VD GUIDRY, JAMES A. 1086 B DEWEY ROAD KEY WEST FL	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD Jarrells, Kenneth J. Apt 148 5501 3rd Ave., S.I. Key West, FL 33040
STREET ADDRESS	STD GALLOWAY, MARIE L 18 ROBERTA STREET SI KEY WEST, FL 00000	22 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	D GALLOWAY, PAUL L. 18 ROBERTA ST., SI. KEY WEST, FLORIDA 00000	23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	D FOLSOM, WALLACE L. 26A-12TH AVENUE, SI KEY WEST, FL 00000	24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Folsom, Wallace L. 26A 12th Avenue, S.I. Key West, FL 33040
CITY ST ZIP	D MARA, FRANK E 101 ROYS TRL PRK SI KEY WEST, FL 00000	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		32 NAME	
CITY ST ZIP		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
CITY ST ZIP		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		42 NAME	
CITY ST ZIP		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
CITY ST ZIP		51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
CITY ST ZIP		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(3)(A), Florida Statutes. I (we) 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: *Wallace L. Folsom* **Wallace L. Folsom** 4/24/95 305-294-6790
(Signature of Officer or Director) (Name) (Date) (Telephone Number)