

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified **09/07/1965** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2239339** 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 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOLSOM, WALLACE L.
26A 12TH AVE., S.I.
KEY WEST FL 33040**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CELGER, GARY G.	
STREET ADDRESS	3333 DUCK AVE., APT 109D	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JARRELLS, KENNETH J.	
STREET ADDRESS	5501 3RD AVE., S.I. APT. #148	
CITY-ST-ZIP	KEY WEST FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GALLOWAY, MARIE L	
STREET ADDRESS	18 ROBERTA STREET SI	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLOWAY, PAUL L.	
STREET ADDRESS	18 ROBERTA ST., SI.	
CITY-ST-ZIP	KEY WEST, FLORIDA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOLSOM, WALLACE L.	
STREET ADDRESS	26A-12TH AVENUE, SI	
CITY-ST-ZIP	KEY WEST, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARA, FRANK E	
STREET ADDRESS	101 ROYS TRL PRK SI	
CITY-ST-ZIP	KEY WEST, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEVENS, TYRONE	
1.3 STREET ADDRESS	G59 MIRIAM STREET, S.I.	
1.4 CITY-ST-ZIP	KEY WEST, FL 33040	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JARRELLS, KENNETH J.	
2.3 STREET ADDRESS	5501 3RD AVE., S.I. APRT. #148	
2.4 CITY-ST-ZIP	KEY WEST, FL 33040	
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 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: *Wallace L. Folsom* **Wallace L. Folsom** **April 20, 1996** **305-294-6790**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)