

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 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 # 709549 (0)**  
1. Corporation Name  
**STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>6180 2ND STREET AND MALONEY AVE. STOCK ISLAND KEY WEST FL 33040</b>	Mailing Address <b>6180 2ND STREET AND MALONEY AVE. STOCK ISLAND KEY WEST FL 33040-6045</b>
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3. Date Incorporated or Qualified <b>09/07/1965</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2239339</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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  
**FOLSOM, WALLACE L.  
26A 12TH AVE., S.I.  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, TYRONE	1.2 NAME	
STREET ADDRESS	659 MIRIAM ST, SI	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRELLS, KENNETH J.	2.2 NAME	
STREET ADDRESS	5501 3RD AVE., S.I. APT. #148	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, MARIE L	3.2 NAME	
STREET ADDRESS	18 ROBERTA STREET SI	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, PAUL L.	4.2 NAME	
STREET ADDRESS	18 ROBERTA ST., SI.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FLORIDA 00000	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLSOM, WALLACE L.	5.2 NAME	
STREET ADDRESS	26A-12TH AVENUE, SI	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARA, FRANK E	6.2 NAME	
STREET ADDRESS	101 ROYS TRL PRK SI	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 00000	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 in an attachment with an address.

SIGNATURE: *Wallace L. Folsom* WALLACE L. FOLSOM April 2, 1997 709549

CR2E037 (9/96)