


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 <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2239339</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

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**

**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	<b>FL</b>
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**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, TYRONE</b>	
STREET ADDRESS	<b>659 MIRIAM ST, SI</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>JARRELLS, KENNETH J.</b>	
STREET ADDRESS	<b>5501 3RD AVE., S.I. APT. #148</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLOWAY, MARIE L</b>	
STREET ADDRESS	<b>18 ROBERTA STREET SI</b>	
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLOWAY, PAUL L.</b>	
STREET ADDRESS	<b>18 ROBERTA ST., SI.</b>	
CITY-ST-ZIP	<b>KEY WEST, FLORIDA 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOLSOM, WALLACE L.</b>	
STREET ADDRESS	<b>26A-12TH AVENUE, SI</b>	
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARA, FRANK E</b>	
STREET ADDRESS	<b>101 ROYS TRL PRK SI</b>	
CITY-ST-ZIP	<b>KEY WEST, FL 00000</b>	

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 as an attachment with an address.

SIGNATURE: *[Signature]* **WALLACE L. FOLSOM** **April 3, 1997** **781 3000**

CR2E037 (9/96)