

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 # 709830 (4)

1. Corporation Name

SWITZERLAND VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

2059 STATE ROAD 13
JACKSONVILLE FL 32259-9256

2059 STATE ROAD 13
JACKSONVILLE FL 32259-9256

3. Date Incorporated or Qualified
10/28/1965

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2959604

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, NEALY
1620 RAINCROW DRIVE
JACKSONVILLE FL 32259

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WHITE, NEALY
STREET ADDRESS 1620 RAINCROW DRIVE
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME GLAVIN, MARY
STREET ADDRESS 860 GROVE BLUFF CIRCLE, N
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD
NAME SPEELMAN, VICKI A
STREET ADDRESS 1380 SCOTT ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME HOBBS, ED
STREET ADDRESS 1299 FRUIT COVE ROAD, S.
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☒ Addition

TITLE D
NAME QUINTON TAPLEY
STREET ADDRESS 1197 WEDGEWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME SWAN, SKIP
STREET ADDRESS 2229 REMINGTON PARK ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

Daytime Phone #

CR2E037 (12/95)