

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32259-92562059 STATE ROAD 13
JACKSONVILLE FL 32259-92263. Date Incorporated or Qualified
10/28/19653a. Date of Last Report
04/22/1996

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

4. FEI Number
59-2959604Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 ☐ DELETE
NAME WHITE, NEALY
STREET ADDRESS 1620 RAINCROW DRIVE
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME GLAVIN, MARY
STREET ADDRESS 860 GROVE BLUFF CIRCLE, N
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME HATELY, JOHN
STREET ADDRESS 472 FRUIT COVE RD.
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME HOBBS, ED
STREET ADDRESS 1299 FRUIT COVE ROAD, S.
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Carle Marx
4.3 STREET ADDRESS 1140 Holly Berry Lane
4.4 CITY-ST-ZIP Jacksonville, FL. 32259 DirectorTITLE D ☐ DELETE
NAME QUINTON TAPLEY
STREET ADDRESS 1197 WEDGEWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME SWAN, SKIP
STREET ADDRESS 2229 REMINGTON PARK ROAD
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Vicki Speelman-Groves
6.3 STREET ADDRESS 1380 Scott Rd.
6.4 CITY-ST-ZIP Switzerland, FL. 32259 Treasurer
Director

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Neal White)

4-15-97

CR2E037 (9/96)