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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710191 (8)
1. Corporation Name
VILLAGE-HILLS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
7443 WILSON BOULEVARD 7443 WILSON BOULEVARD
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210-3522

3. Date Incorporated or Qualified 01/12/1966 3a. Date of Last Report 09/24/1996
4. FEI Number 26-0841682 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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent JACKSONVILLE FIRE STATION 31
7443 WILSON BLVD.
JACKSONVILLE FL 32210
10. Name and Address of New Registered Agent
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 ROEHL, ADAM	1.1 TITLE	SD COPELAND, MICHAEL
NAME	7928 JAGUAR DRIVE	1.2 NAME	2401 JAMES RD APT 43
STREET ADDRESS	JACKSONVILLE FL 32244	1.3 STREET ADDRESS	JACKSONVILLE, FL 32210
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD SADLER, KEVIN	2.1 TITLE	VD Angela Duval
NAME	2428 JUSTIN ROAD EAST	2.2 NAME	6083 BLANK DR
STREET ADDRESS	JACKSONVILLE FL 32210	2.3 STREET ADDRESS	Jacksonville, FL 32244
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD BUERSTER, JAMES	3.1 TITLE	
NAME	2550 EIFFEL CIRCLE	3.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32210	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD MOSSMAN, TRACY	4.1 TITLE	
NAME	P.O. BOX 14306 N/A	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL 32238	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD JAYCOX, CLIFFORD	5.1 TITLE	
NAME	9859 108th ST	5.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 32210	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD STONE, JAMES	6.1 TITLE	
NAME	7977 JAGUAR DR.	6.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 32244	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: [Signature] 1-17-97 (904) 573-8790
DATE DAYTIME PHONE #0005423

CR2E037 (9/96)