

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714336 (5)

1. Corporation Name

ASTOR VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102

55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102



3. Date Incorporated or Qualified
03/28/1968

3a. Date of Last Report
01/23/1995

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

4. FEI Number

NOT APPLICABLE

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

**ELLIS, MARY LU
55317 CLAIRE STREET
ASTOR FL 32102**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S ROWLAND, JAN**
STREET ADDRESS **ERMINE ROAD**
CITY - ST - ZIP **ASTOR FL**

TITLE ☐ DELETE
NAME **D RUNKIS, EILEEN**
STREET ADDRESS **OTTER ROAD**
CITY - ST - ZIP **ASTOR FL**

TITLE ☐ DELETE
NAME **D MCKEETON, BETH**
STREET ADDRESS **CHERRY TREE RD**
CITY - ST - ZIP **ASTOR FL**

TITLE ☐ DELETE
NAME **P ELLIS, MARY LU**
STREET ADDRESS **CLAIRE ST**
CITY - ST - ZIP **ASTOR FL**

TITLE ☐ DELETE
NAME **T HUFFMASTER, DONALD**
STREET ADDRESS **BOBCAT ROAD**
CITY - ST - ZIP **ASTOR FL**

TITLE ☐ DELETE
NAME **D RICHARDSON, GEORGE**
STREET ADDRESS **CARL ST.**
CITY - ST - ZIP **ASTOR FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

Mary Lu Ellis, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96
Date

352-759-2707
Daytime Phone #

CR2E037 (12/95)