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Feb 18 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 # **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 32102-0134**



3. Date Incorporated or Qualified  
**03/28/1968**

3a. Date of Last Report  
**04/05/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWLAND, JAN</b>	
STREET ADDRESS	<b>ERMINE ROAD</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUNKIS, EILEEN</b>	
STREET ADDRESS	<b>OTTER ROAD</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCKEETON, BETH</b>	
STREET ADDRESS	<b>CHERRY TREE RD</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, MARY LU</b>	
STREET ADDRESS	<b>CLAIRE ST</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HUFFMASTER, DONALD</b>	
STREET ADDRESS	<b>BOBCAT ROAD</b>	
CITY-ST-ZIP	<b>ASTOR FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, GEORGE</b>	
STREET ADDRESS	<b>CARL ST.</b>	
CITY-ST-ZIP	<b>ASTOR FL</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 on an attachment with an address.

SIGNATURE:

**MARY LU ELLIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/97**  
Date

Daytime Phone #0001780

CR2E037 (9/96)