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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # 716574 (9)

1. Corporation Name

PAISLEY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

HWY 42
BOX 169
PAISLEY FL 32767HWY 42
BOX 169
PAISLEY FL 32767-01693. Date Incorporated or Qualified
05/16/19693a. Date of Last Report
02/19/1996

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

29

30

4. FEI Number

59-1704224

Applied For

Not Applicable

5. 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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

HEIDBREDER, FRED

~~FISHERMAN RD~~ 25701 FISHERMANS RD.
PAISLEY FL 32767

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 S ☐ DELETE
NAME CONNER, ANNA
STREET ADDRESS FOREST RD #38- 44200 Spring Creek RD
CITY-ST-ZIP PAISLEY, FL 00000 32767TITLE T ☐ DELETE
NAME BORGMAN, CLARA
STREET ADDRESS SUNSET DRIVE 43850 SUNSET DRIVE
CITY-ST-ZIP PAISLEY, FL 00000 32767TITLE P ☐ DELETE
NAME CONNER, ELLIS
STREET ADDRESS 44200 SPRING CREEK RD
CITY-ST-ZIP PAISLEY, FL 00000 32767TITLE D ☐ DELETE
NAME CONNERS, GEORGE
STREET ADDRESS FOREST RD #38- 44220 SPRING CREEK RD.
CITY-ST-ZIP PAISLEY, FL 00000 32767TITLE D ☐ DELETE
NAME THURMAN, WILLIAM
STREET ADDRESS 25010 CASTLE ST
CITY-ST-ZIP PAISLEY FL 32767TITLE D ☐ DELETE
NAME RENDELL, BERYL
STREET ADDRESS 25922 Pine Ridge RD
CITY-ST-ZIP PAISLEY, FL 00000 327671.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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: Clara E. Borgman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-97

Date

Daytime Phone: 800-14630

CR2E037 (9/96)

352-662-2412