## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

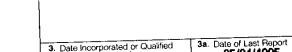
Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(1)

Orporation ( terms			
BASSVILLE PARK VOLUNTEER	FIRE	DEPARTMENT,	INC.



Disco of I	Pueiness	Mailing Address			Ì			
Principal Place of I		11305 PARK AVENUE						
11305 PARK AVENUE LEESBURG FL 34788		LEESBURG FL 34788			3. Date Incorporated or Qualified 05/21/1969	3a. Da	3a. Date of Last Report 05/01/1995	
								oplied For
Di tui Diago	of Puriones	2a. Mailing Address			4. FEI Number 59-2385138		<u> </u>	ot Applicable
. Principal Place	3 OL BOSILIESS	26			39-2303 130			Additional
Suite Ant # etc.				5. Certificate of Status Desired	赵		equired	
Suite, Apt. #, 9	etc.	27						) May Be
2		City & State			6. Election Campaign Financing			to Fees
City & State		28			Trust Fund Contribution	ntaggible t		
Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes No No			
4	25	29	30		10. Name and Address of New R			
·	9. Name and Address of Curr	ent Registered Agent		Name	10. 1441110			
						10)		
MORPHET	r. Jim		8	32 Street Add	dress (P.O. Box Number is Not Acceptat	oie)		
11035 PA								
	G FL 34788		[,	83			- T T	Ondo
ELCOCON			ļī.	B4 City		F	<b>  65</b>   Zip	p Code
		_			oration submits this statement for the pu ard of directors. I hereby accept the app			egistered offic
or registere familiar with	d agent, or both, in the State of Fi n, and accept the obligations of, S	ection 617.0503, Florida Statute	es.			DATE		
SIGNATURE _	Signature typed or printed name of registered a			Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	DRS IN 12
12.	OFFICERS	AND DIRECTORS	13.		Accuments sure		Change	Addition
TITLE	PD	DELETE	1.1 TH					
NAME	MORPHET, JIM		1 2 NA	1				
STREET ADDRESS	227 FERN DR			REET ADDRESS				
CITY-ST-ZIP	LEESBURG FL	- Floritie		TY-ST-ZIP			Change	Addition
TITLE	VPD	DELETE	2.1 11					
NAME	Burke, Jeff		2 2 N					
STREET ADDRESS	10843 S STREET		The state of the s	TREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL	C Drugge	2.40 3.1 T	CITY-ST-ZIP			Change	Addition
TITLE	STD	DELETE	•	1				
NAME	whiting, Donna		32 N					
STREET ADDRESS	11145 MOORE ST		1	TREET ADDRESS				
CITY-ST-ZIP	LEESBURG FL			CITY-ST-ZIF TITLE			Change	e 🔲 Additio
TITLE	<u>-</u>	DELETE	- 1	NAME				
NAME	1			L				
STREET ADDRESS				STREET ADDRESS				
CITY - ST - ZIP		DELETE		CITY-ST-ZIF TITLE			Change	je 🔲 Additio
TITLE	1	Liberese		NAME				
NAME				STREET ADDRESS				
STREET ADDRESS				•				
CITY-ST-ZIP		Consts		CITY - ST- ZIP			Chang	ge 🔲 Additio
TITLE		DELETE	1		<u> </u>			
NAME				NAME				
STREET ADDRESS	<u>;</u>			STREET ADDRESS				
CITY-ST-ZIP			64	CITY-ST-ZIP	alify for the exemption stated in Section	119.07(3)(	d, Florida Sta	atutes. I furthe

14. Ido 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). Fiorida 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 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 certify 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 adachment with an address.

RINTED NAME OF SIGNING OFFICER OF DIRECTOR