

# 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 # 717301 (6)**

1. Corporation Name

**GOLFVIEW-WOODLAND PARK VOLUNTEER FIRE DEPARTMENT  
, INC.**



Principal Place of Business

**31 JASMINE AVENUE  
LAKE WALES FL 33853**

Mailing Address

**31 JASMINE AVENUE  
LAKE WALES FL 33853**

3. Date Incorporated or Qualified  
**10/06/1969**

3a. Date of Last Report  
**01/19/1995**

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

**RICHARDSON, JERRY  
3020 AZALEA AVENUE  
LAKE WALES FL 33853**

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 fiduciary, if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, RON</b>	
STREET ADDRESS	<b>3124 AZALEA AVENUE</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>SV</b>	<input type="checkbox"/> DELETE
NAME	<b>NOBLE, MARGIE</b>	
STREET ADDRESS	<b>3682 BUCKBOARD TRL.</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POOSER, LINDSAY</b>	
STREET ADDRESS	<b>245 EVERGREEN</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARDSON, JERRY</b>	
STREET ADDRESS	<b>3020 AZALEA AVE.</b>	
CITY-ST-ZIP	<b>LAKE WALES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MIKE MANCIL</b>	
1.3 STREET ADDRESS	<b>206 STOKES RD</b>	
1.4 CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
2.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>NICK KRONYAK</b>	
2.3 STREET ADDRESS	<b>1410 LAKEVIEW RD</b>	
2.4 CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
3.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>THOMAS WELCH</b>	
3.3 STREET ADDRESS	<b>3813 S.R. 60 EAST # 3</b>	
3.4 CITY-ST-ZIP	<b>LAKE WALES FL 33853</b>	
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 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS WELCH PD**

**1-22-96**

**941-676-1502**

Daytime Phone #

CR2E037 (12/95)