

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 720472 (0)

1. Corporation Name
 ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business: 9591 NE 21ST AVE, PO BOX 325, ANTHONY FL 32617-0325
 Mailing Address: 9591 NE 21ST AVE, PO BOX 325, ANTHONY FL 32617-0325

3. Date Incorporated or Qualified: 03/10/1971
 3a. Date of Last Report: 02/24/1995
 4. FEI Number: 59-1938639
 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

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-30)
 Suite, Apt. #, etc. (22)
 City & State (23)
 Zip (24) Country (25)
 Suite, Apt. #, etc. (26)
 City & State (27)
 Zip (28) Country (29)

9. Name and Address of Current Registered Agent
 STEPHENSON PAUL
 9591 NE 21ST AVE
 P. O. BOX 325
 ANTHONY FL 32617

10. Name and Address of New Registered Agent
 81 Name: William D. Crowe
 82 Street Address (P.O. Box Number is Not Acceptable): 9591 NE 21ST AVE
 83 P.O. BOX 325
 84 City: Anthony FL 85 Zip Code: 32617

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: *William D. Crowe* (NOTE: Registered Agent signature required when reinstating) DATE: 8-17-96

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DECKER, ROBERT C	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PREISS, KENT	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIMMS, KELLY	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BARBATO, ERAMUS	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REIDENBACH, ROBERT	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARBATO, PAUL	
STREET ADDRESS	9591 N.E. 21ST AVE.	
CITY-ST-ZIP	ANTHONY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William D Crowe	
1.3 STREET ADDRESS	1810 NW 49th Ave	
1.4 CITY-ST-ZIP	Ocala Fla. 34470	
2.1 TITLE	T, V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Keith Beckler	
2.3 STREET ADDRESS	9591 NE 21st Ave	
2.4 CITY-ST-ZIP	Anthony FL 32617	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scott Grogan	
3.3 STREET ADDRESS	9591 NE 21st Ave	
3.4 CITY-ST-ZIP	Anthony Fla. 32617	
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	200001931382	
5.3 STREET ADDRESS	-08/23/96--01036--021	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200001931382	
6.3 STREET ADDRESS	-08/23/96--01036--000	
6.4 CITY-ST-ZIP	***61.25	

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: *William D. Crowe* Date: July 10, 1996 Daytime Phone #: (352) 8543776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)