

# 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 # 721076 (8)**  
1. Corporation Name  
**NARCOOSSEE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business  
**P.O. BOX 821  
ST CLOUD FL 34770-0821**

Mailing Address  
**P.O. BOX 821  
ST CLOUD FL 34770-0821**

3. Date Incorporated or Qualified  
**06/03/1971**

3a. Date of Last Report  
**07/14/1995**

4. FEI Number  
**59-2468619**

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**LUCEY, DAVID  
1305 SOUTH LAKE AVENUE  
ST. CLOUD FL 34771**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUCEY, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>1305 SOUTH LAKE AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST CLOUD FL</b>	1.4 CITY - ST - ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISCHER, RUSSELL P</b>	2.2 NAME	<b>(D) John D. McGowan</b>
STREET ADDRESS	<b>5365 JONES RD</b>	2.3 STREET ADDRESS	<b>5300 John David Rd.</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>	2.4 CITY - ST - ZIP	<b>St. Cloud, FL 34771</b>
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRATHER, TERRY</b>	3.2 NAME	<b>(D) ALBERT PETRANGELI</b>
STREET ADDRESS	<b>5471 JONES RD.</b>	3.3 STREET ADDRESS	<b>4911 HIDDEN HEIGHTS TRAIL</b>
CITY - ST - ZIP	<b>ST CLOUD FL</b>	3.4 CITY - ST - ZIP	<b>ST. CLOUD, FLORIDA 34771</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RODNEY</b>	4.2 NAME	
STREET ADDRESS	<b>141 SANDPINE CT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST CLOUD FL</b>	4.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCKIE, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>5170 THOMPSONS DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST CLOUD FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>200001875862</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-06/26/96--01032--043</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***61.25</b>

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: Mark Stuckie **6-18-96 409571812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)