

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722005 (6)
1. Corporation Name
SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
25054 NE COUNTY RD. 316
P.O. BOX 5108
FT. MCCOY FL 32134-5108

3. Date Incorporated or Qualified **10/29/1971** 3a. Date of Last Report **04/21/1995**
4. FEI Number **23-7206215** 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

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

9. Name and Address of Current Registered Agent

OVERLY, SHARON A
12760 NE 244TH TERR
SALT SPRINGS FL 32134

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

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 *Sharon A. Overly* **Sharon A. Overly - TD** **3-9-96**
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPOLD, JAMES E.	1.2 NAME	COMSTOCK, NAN B
STREET ADDRESS	12631 NE 243 AVE.	1.3 STREET ADDRESS	24940 N.E. 136TH LANE
CITY-ST-ZIP	FT MCCOY FL	1.4 CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMSTOCK, NAN B.	2.2 NAME	BRETT, MARY E.
STREET ADDRESS	24940 N.E. 136TH LANE	2.3 STREET ADDRESS	13760 N.E. 238TH CT.
CITY-ST-ZIP	FT MCCOY FL	2.4 CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBL, RUTH	3.2 NAME	
STREET ADDRESS	14370 NE 209 TERR. RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, SHARON A	4.2 NAME	
STREET ADDRESS	12750 NE 244TH TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SALLY	5.2 NAME	
STREET ADDRESS	15175 NE 248 AVE. RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, ETHEL	6.2 NAME	
STREET ADDRESS	25242 N.E. 137TH PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT SPRINGS FL	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 if changed, or on an attachment with an address.

SIGNATURE: *Sharon A. Overly* **Sharon A. Overly** **3-9-96** **(904) 685-3121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #
TREAS.

CR2E037 (12/95)