


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 722005 (6)</b> 1. Corporation Name <b>SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>25054 NE COUNTY RD. 316 P.O. BOX 5108 FT. MCCOY FL 32134-5108</b>		Mailing Address <b>25054 NE COUNTY RD. 316 P.O. BOX 5108 FT. MCCOY FL 32134-5108</b>			
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>10/29/1971</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>03/13/1996</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FEI Number <b>23-7206215</b>	
Zip <b>24</b>		Country <b>25</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>24</b>		Country <b>25</b>			
9. Name and Address of Current Registered Agent <b>OVERLY, SHARON A 12760 NE 244TH TERR SALT SPRINGS FL 32134</b>			10. Name and Address of New Registered Agent <b>81 Name Nan B. Comstock 82 Street Address (P.O. Box Number is Not Acceptable) 24940 NE 136 Lane 83 Salt Springs, Fl. 84 City FL 85 Zip Code 32134</b>		
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 <i>Nan B. Comstock</i> <b>NAN B Comstock</b> <b>8/13/97</b> Signature, typed or printed name of registered agent and his Title in parentheses (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	COMSTOCK, NAN B.				
STREET ADDRESS	24940 NE 136TH LANE				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	BRETT, MARY E.				
STREET ADDRESS	13760 NE 238TH COURT				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LIEBL, RUTH				
STREET ADDRESS	14370 NE 209 TERR. RD.				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	OVERLY, SHARON A				
STREET ADDRESS	12750 NE 244TH TERR				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, SALLY				
STREET ADDRESS	15175 NE 248 AVE. RD.				
CITY-ST-ZIP	FT MCCOY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PAYTON, ETHEL				
STREET ADDRESS	25242 N.E. 137TH PL				
CITY-ST-ZIP	SALT SPRINGS FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Mary Brett				
1.3 STREET ADDRESS	13760 NE 238 Court				
1.4 CITY-ST-ZIP	Salt Springs, Fl. 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Pauline Smith				
2.3 STREET ADDRESS	14500 NE 210- Court Rd.				
2.4 CITY-ST-ZIP	Salt Springs, Fl. 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Nan B Comstock				
3.3 STREET ADDRESS	24940 NE 136 Lane--Salt Springs, Fl.				
3.4 CITY-ST-ZIP	32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	James Harpold				
4.3 STREET ADDRESS	12631 NE 243 Ave.				
4.4 CITY-ST-ZIP	Salt Springs, Fl. 32134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/29/1971**

3a. Date of Last Report  
**03/13/1996**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**Nan B. Comstock**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**24940 NE 136 Lane**  
83  
**Salt Springs, Fl.**  
84 City  
**FL** 85 Zip Code  
**32134**

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 *Nan B. Comstock* **NAN B Comstock** **8/13/97**  
Signature, typed or printed name of registered agent and his Title in parentheses (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	COMSTOCK, NAN B.	1.2 NAME	Mary Brett
STREET ADDRESS	24940 NE 136TH LANE	1.3 STREET ADDRESS	13760 NE 238 Court
CITY-ST-ZIP	SALT SPRINGS FL	1.4 CITY-ST-ZIP	Salt Springs, Fl. 32134
TITLE	VD	2.1 TITLE	VD
NAME	BRETT, MARY E.	2.2 NAME	Pauline Smith
STREET ADDRESS	13760 NE 238TH COURT	2.3 STREET ADDRESS	14500 NE 210- Court Rd.
CITY-ST-ZIP	SALT SPRINGS FL	2.4 CITY-ST-ZIP	Salt Springs, Fl. 32134
TITLE	SD	3.1 TITLE	TD
NAME	LIEBL, RUTH	3.2 NAME	Nan B Comstock
STREET ADDRESS	14370 NE 209 TERR. RD.	3.3 STREET ADDRESS	24940 NE 136 Lane--Salt Springs, Fl.
CITY-ST-ZIP	SALT SPRINGS FL	3.4 CITY-ST-ZIP	32134
TITLE	TD	4.1 TITLE	D
NAME	OVERLY, SHARON A	4.2 NAME	James Harpold
STREET ADDRESS	12750 NE 244TH TERR	4.3 STREET ADDRESS	12631 NE 243 Ave.
CITY-ST-ZIP	SALT SPRINGS FL	4.4 CITY-ST-ZIP	Salt Springs, Fl. 32134
TITLE	D	5.1 TITLE	
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	6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Nan B. Comstock* **NAN B. Comstock** **8/13/97** **25218E2401**  
SIGNATURE REQUIRED

CR2E037 (4/97)