

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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # 722757 (2)

1. Corporation Name

PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

Principal Place of Business

**2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440**

Mailing Address

**2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440**



3. Date Incorporated or Qualified

02/24/1972

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2369541

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

**JAHN, GLEN R.
2499 HENDRY ISLES BLVD
RT. 2, BOX 1290
CLEWISTON FL 33440**

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

GLEN R. JAHN

Signature typed or printed name of registered agent or director (Applicable)

(NOTE: Registered Agent signature required when submitting)

4/15/96

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JAHN, GLEN R.	
STREET ADDRESS	2101 TAMPA AVE	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TIMMS, EDITH	
STREET ADDRESS	4550 23 ST	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALBERT, MANNUEL	
STREET ADDRESS	5065 4 ST	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LACHAPPELLE, MELVA	
STREET ADDRESS	1200 WILDWOOD AVE	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TIMMS, RAYMOND	
STREET ADDRESS	4550 23 ST	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBERT, SHARYN	
STREET ADDRESS	5065 4TH ST	
CITY - ST - ZIP	CLEWISTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TD
43 STREET ADDRESS	SHIRLEY CRUMB
44 CITY - ST - ZIP	FLAMINGO AVE. CLEWISTON, FL 33440
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, unchanged, or on an attachment with an address.

SIGNATURE:

GLEN R. JAHN

GLEN R. JAHN

4/15/96

9419531482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)