

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 # **724690** (3)

1. Corporation Name

CANAL POINT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

114 CONNERS HWY
P.O. BOX 508
CANAL POINT FL 33438

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P.O. BOX 508
CANAL POINT FL 33438

3. Date Incorporated or Qualified
10/31/1972

3a. Date of Last Report
10/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7242392

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, THOMAS, W
113 4TH ST
CANAL PT FL 33438

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: Thomas W. Miller Thomas W. MILLER JAN 22 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, THOMAS	
STREET ADDRESS	113 4TH ST	
CITY-ST-ZIP	CANAL PT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LONGORIA, JOSE	
STREET ADDRESS	208 2ND ST.	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BACHELOR, PAMELA	
STREET ADDRESS	1130 STATE MARKET RD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BACHELOR, PAMELA	
STREET ADDRESS	1130 STATE MARKET RD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BACHELOR, RICHARD O	
STREET ADDRESS	1130 STATE MARKET RD.	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
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	

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: Thomas W. Miller Thomas W. Miller JAN 22 1996 407-924-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De/Time Phone #

CR2E037 (12/95)