

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

Mailing Address
**114 CONNERS HWY
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		4. FEI Number 23-7242392		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25. Country		30. Country					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, THOMAS	1.2 NAME	
STREET ADDRESS	113 4TH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	CANAL PT FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGORIA, JOSE	2.2 NAME	
STREET ADDRESS	208 2ND ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CANAL POINT FL 33438	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELOR, PAMELA	3.2 NAME	
STREET ADDRESS	1130 STATE MARKET RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL 33476	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELOR, PAMELA	4.2 NAME	
STREET ADDRESS	1130 STATE MARKET RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL 33476	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHELOR, RICHARD O	5.2 NAME	
STREET ADDRESS	1130 STATE MARKET RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PAHOKEE FL 33476	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 407-924-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deletion Phone #

CR2E037 (12/95)