

2-17-97 B-1984 C  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Feb 17 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33438-0508
--	---

3. Date Incorporated or Qualified 10/31/1972	3a. Date of Last Report 03/13/1996
---	---------------------------------------

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

4. FEI Number 23-7242392	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	-----------------------------

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---

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	84 City	85 Zip Code
			FL	

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 Miller DATE 1-21-97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGORIA, JOSE	2.2 NAME	THOMAS, TRAVIS
STREET ADDRESS	208 2ND ST.	2.3 STREET ADDRESS	437 W. MAIN ST. LOT #4
CITY-ST-ZIP	CANAL POINT FL 33438	2.4 CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELOR, 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	BATCHELOR, 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	BATCHELOR, 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 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 Thomas W. Miller DATE 1-21-97

CR2E037 (9/96)