

# 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

**DOCUMENT # 725348**

**(7)**

1. Corporation Name

**SPARR VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

P.O. BOX 113  
SPARR FL 32192-0113

Mailing Address

P.O. BOX 113  
SPARR FL 32192-0113



3. Date Incorporated or Qualified

**01/22/1973**

3a. Date of Last Report

**07/10/1995**

4. FEI Number

**59-2498252**

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

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

9. Name and Address of Current Registered Agent

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

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

**WENTWAY, CHARLES J.  
4251 NE 138TH PLACE  
ANTHONY FL 32617**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when changing)

DATE:

12. OFFICERS AND DIRECTORS

TITLE

**PD**

☐ DELETE

NAME

**HOWARD, SAMUEL**

STREET ADDRESS

**13033 N.E. JACKSONVILLE RD**

CITY-ST-ZIP

**SPARR FL**

TITLE

**VP**

☐ DELETE

NAME

**MILLS, DAVID C.**

STREET ADDRESS

**P.O. BOX 363 N/A**

CITY-ST-ZIP

**CITRA FL**

TITLE

**VD**

☐ DELETE

NAME

**UNGER, HOBIE**

STREET ADDRESS

**17635 N E 37TH COURT**

CITY-ST-ZIP

**CITRA FL**

TITLE

**VD**

☐ DELETE

NAME

**WENTWAY, CHARLES J**

STREET ADDRESS

**4251 N E 138 PLACE**

CITY-ST-ZIP

**ANTHONY FL**

TITLE

**SD**

☐ DELETE

NAME

**LONG, FLORENCE**

STREET ADDRESS

**12871 N E 7TH AVE**

CITY-ST-ZIP

**SPARR FL**

TITLE

**TD**

☐ DELETE

NAME

**GIBSON, VICTOR J.**

STREET ADDRESS

**3875 N.E. 135TH PLACE**

CITY-ST-ZIP

**SPARR FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (12/95)