

FILE NOW: FILING FEE IS \$61.25

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Mar 12 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
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DOCUMENT # **725348** (7)

1. Corporation Name

**SPARR VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business	Mailing Address
P.O. BOX 113 SPARR FL 32192-0113	P.O. BOX 113 SPARR FL 32192-0113

3. Date Incorporated or Qualified <b>01/22/1973</b>	3a. Date of Last Report <b>04/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-2498252</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>WENTWAY, CHARLES J.</b> <b>4251 NE 138TH PLACE</b> <b>ANTHONY FL 32817</b>	

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
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>HOWARD, SAMUEL</b>
STREET ADDRESS	<b>13033 N.E. JACKSONVILLE RD</b>
CITY - ST - ZIP	<b>SPARR FL</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	<b>MILLS, DAVID C.</b>
STREET ADDRESS	<b>P.O. BOX 363 N/A</b>
CITY - ST - ZIP	<b>CITRA FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>UNGER, HOBIE</b>
STREET ADDRESS	<b>17635 N E 37TH COURT</b>
CITY - ST - ZIP	<b>CITRA FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>WENTWAY, CHARLES J</b>
STREET ADDRESS	<b>4251 N E 138 PLACE</b>
CITY - ST - ZIP	<b>ANTHONY FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>LONG, FLORENCE</b>
STREET ADDRESS	<b>12871 N E 7TH AVE</b>
CITY - ST - ZIP	<b>SPARR FL</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>GIBSON, VICTOR J.</b>
STREET ADDRESS	<b>3875 N.E. 135TH PLACE</b>
CITY - ST - ZIP	<b>SPARR FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GARY WOODARD PD</b>
1.3 STREET ADDRESS	<b>13985 N.E. 45th Ave.</b>
1.4 CITY - ST - ZIP	<b>Anthony, Fla.</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RONALD KNOWLES VP</b>
2.3 STREET ADDRESS	<b>3090 N.W. 137th Place</b>
2.4 CITY - ST - ZIP	<b>Reddick, Fla. 32686</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DAVID MILLS TD</b>
6.3 STREET ADDRESS	<b>P.O. Box 363 N/A</b>
6.4 CITY - ST - ZIP	<b>Citra, Fl 32113</b>

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:  **David C. Mills** March 02, 1997 (352) 595-1810

CR2E037 (9/96)