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Mar 13 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 # **725598** (7)

1. Corporation Name

**FORT OGDEN FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

**HWY 17 AND MASSACHUTTS  
P.O. BOX 144  
FORT OGDEN FL 34267**

**P.O. BOX 144  
FORT OGDEN FL 34267-0144**



3. Date Incorporated or Qualified **02/19/1973** 3a. Date of Last Report **07/09/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**NOT APPLICABLE**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNNARBORG, DUANE J.  
10922 BOGGESE AVE.  
P.O. BOX 481  
FORT OGDEN FL 34267**

81 Name

**SUNNARBORG, DUANE J.**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/2/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☐ DELETE  
NAME **SUNNARBORG, DUANE J.**  
STREET ADDRESS **10922 BOGGESE AVE.**  
CITY-ST-ZIP **FORT OGDEN FL 34267**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **SUNNARBORG, DUANE J.**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **LANE, ROBERT J.**  
STREET ADDRESS **P. O. BOX 168 SENATE AVE N/A**  
CITY-ST-ZIP **FT. OGDEN FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **GIBSON, WALTER**  
STREET ADDRESS **BOX 44 N/A, W SENATE AVE**  
CITY-ST-ZIP **FT OGDEN, FLORIDA 0**

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME **GALLANT, WAYNE**  
3.3 STREET ADDRESS **2933 S.W. BEARD ST.**  
3.4 CITY-ST-ZIP **ARCADIA, FL 34266**

TITLE **D** ☐ DELETE  
NAME **SHAW, DAN**  
STREET ADDRESS **11564 S.W. PINE AVE.**  
CITY-ST-ZIP **ARCADIA FL 33821**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ALLARD, EARLE W**  
STREET ADDRESS **11269 S.W. WELCH AVE.**  
CITY-ST-ZIP **ARCADIA FL 33821**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 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: *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan. 28, 1997**  
Date

**941-494-3799**  
Daytime Phone # **0064884**

CR2E037 (9/96)