

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 # 725921 (1)
1. Corporation Name
FT. MCCOY-EUREKA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
13150 E. HWY 316
P.O. BOX 432
FT MCCOY FL 32134
US

3. Date Incorporated or Qualified **03/26/1973** 3a. Date of Last Report **01/31/1995**
4. FEI Number **59-1710708** 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 2a. Mailing Address
21 **FT McCoy-Eureka Vol. Fire Dept** 26 **13150 E. Hwy 316**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **13150 E. Hwy 316** 27
City & State City & State
23 **Ft. McCoy, FL** 28 **Ft. McCoy, FL**
Zip Country Zip Country
24 **32134** 25 **USA** 29 **32134** 30 **USA**

9. Name and Address of Current Registered Agent

GREER, CHARLES
WEST 316 FIRE TOWER
FT. MCCOY FL 32637

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

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 **Charles Greer**

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

(NOTE: Registered Agent signature required when reinstating)

Charles Greer

3/11/96

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GREER, CHARLES | |
| STREET ADDRESS | 6530 SW 155 ST | |
| CITY-ST-ZIP | DUNNELLON FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BROWN, LILLIAN | |
| STREET ADDRESS | KERR SHORES | |
| CITY-ST-ZIP | FT MCCOY FL | |
| TITLE | BD | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPBELL, JOE | |
| STREET ADDRESS | CR-316 EUREKA | |
| CITY-ST-ZIP | FT MCCOY FL | |
| TITLE | BD | <input type="checkbox"/> DELETE |
| NAME | CLARK, RICHARD | |
| STREET ADDRESS | CR-316 EUREKA | |
| CITY-ST-ZIP | FT MCCOY FL | |
| TITLE | BD | <input checked="" type="checkbox"/> DELETE |
| NAME | CUSTER, KERN W. | |
| STREET ADDRESS | CR-316 EUREKA | |
| CITY-ST-ZIP | FT. MCCOY FL | |
| TITLE | BD | <input type="checkbox"/> DELETE |
| NAME | BROWN, LILLIAN | |
| STREET ADDRESS | KERR SHORES | |
| CITY-ST-ZIP | FT. MCCOY FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | BD McNeely, John S. |
| 3.3 STREET ADDRESS | 23680 NE 152 LANE ROAD |
| 3.4 CITY-ST-ZIP | Ft. McCoy, FL 32134 |
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | BD EARLE, KENNETH |
| 5.3 STREET ADDRESS | 14554 NE 189th PL |
| 5.4 CITY-ST-ZIP | Ft. McCoy, FL 32134 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: **Charles Greer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Greer

Date

3/11/96

Daytime Phone #

CR2E037 (12/95)