

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725921 (1)
1. Corporation Name
FT. MCCOY-EUREKA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 3150 E. HWY 316 FT MCCOY FL 32134 US	Mailing Address 13150 E. HWY 316 FT MCCOY FL 32134-7754 US
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3. Date Incorporated or Qualified 03/26/1973	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1710708 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, CHARLES	1.2 NAME	
STREET ADDRESS	6530 SW 155 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LILLIAN	2.2 NAME	
STREET ADDRESS	KERR SHORES	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	2.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEELY, JOHN S.	3.2 NAME	
STREET ADDRESS	23680 NE 152 LANE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	3.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, RICHARD	4.2 NAME	
STREET ADDRESS	CR-316 EUREKA	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	4.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLE, KENNETH	5.2 NAME	
STREET ADDRESS	14554 NE 189TH PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	5.4 CITY-ST-ZIP	
TITLE	BD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LILLIAN	6.2 NAME	
STREET ADDRESS	KERR SHORES	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MCCOY FL	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: Charles Greer **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4/97 352-854-4823
Date Daytime Phone 8002777

CR2E037 (9/96)