

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 # 726182 (9)

1. Corporation Name

ROLLING WOODS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

24115 W. HWY 450
UMATILLA FL 32784

24115 W. HWY 450
UMATILLA FL 32784

3. Date Incorporated or Qualified
04/20/1973

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **24798 SE Hwy 42**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Umatilla FL

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2855162

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

**COOKE, DOLORES
24415 W. HWY. 450
UMATILLA FL 32784**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME CHANDLER, GREGORY
STREET ADDRESS 16920 SE 252 AVE
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE S
NAME COOKE, DOLORES
STREET ADDRESS 24415 W HWY 450
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE D
NAME WOOD, MADELINE
STREET ADDRESS 25291 SE HWY 42
CITY-ST-ZIP UMATILLA FL ☐ DELETE

TITLE D
NAME SHIELDS, AILENE
STREET ADDRESS 24801 SE HWY 42
CITY-ST-ZIP UMATILLN FL ☐ DELETE

TITLE DM
NAME CHANDLER, GEORGE
STREET ADDRESS 16920 SE 252ND AVE
CITY-ST-ZIP UMATILLA FL ☒ DELETE

TITLE DM
NAME FRANCE, BARBARA
STREET ADDRESS 17271 SE 281ST. TERR.
CITY-ST-ZIP UMATILLA FL 32784 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Bento Trevino
1.3 STREET ADDRESS 25040 SE Hwy 42
1.4 CITY-ST-ZIP Umatilla FL 32784 ☒ Change ☐ Addition

2.1 TITLE T
2.2 NAME Becky McKinney
2.3 STREET ADDRESS 15850 SE 263rd Terr
2.4 CITY-ST-ZIP Umatilla FL 32784 ☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME Richard H Cooke
3.3 STREET ADDRESS 24415 W Hwy 450
3.4 CITY-ST-ZIP Umatilla FL 32784 ☒ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)