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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 726182 (9)
1. Corporation Name
ROLLING WOODS VOLUNTEER FIRE DEPARTMENT, INC.Principal Place of Business
24798 SW HWY 42
UMATILLA FL 32784
US
Mailing Address
24115 W. HWY 450
UMATILLA FL 32784-82193. Date Incorporated or Qualified
04/20/1973
3a. Date of Last Report
02/07/19962. Principal Place of Business
21 24798 (SE) Hwy 42
Suite, Apt. #, etc.
22
City & State
23 Umatilla FL
Zip
24 32784
Country
25
2a. Mailing Address
26 24798 SE Hwy 42
Suite, Apt. #, etc.
27
City & State
28 Umatilla FL
Zip
29 32784
Country
30 Marion4. FEI Number
59-2855162
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 Dolores Cooke, Secretary Dolores Cooke 1/23/97
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	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, GREGORY	
STREET ADDRESS	16920 SE 252 AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COOKE, DOLORES	
STREET ADDRESS	24415 W HWY 450	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, MADELINE	
STREET ADDRESS	25291 SE HWY 42	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, AILENE	
STREET ADDRESS	24801 SE HWY 42	
CITY-ST-ZIP	UMATILLA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCKINNEY, BECKY	
STREET ADDRESS	1850 SW 23RD TERR	
CITY-ST-ZIP	UMATILLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOKE, RICHARD H	
STREET ADDRESS	24415 W HWY 450	
CITY-ST-ZIP	UMATILLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Del McKinney	
1.3 STREET ADDRESS	15850 SE 253rd Terr	
1.4 CITY-ST-ZIP	Umatilla FL 32784	
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	Gibson, Michael	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	16880 SE 249th Ave	
3.4 CITY-ST-ZIP	Umatilla FL	
4.1 TITLE	J. Robert Crawford	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	29251 SE Hwy 42	
4.4 CITY-ST-ZIP	Umatilla FL 32784	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	15850 SE 253rd Terr	
5.4 CITY-ST-ZIP	Umatilla FL 32784	
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 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: Dolores Cooke, Secretary Dolores Cooke 1/23/97 352-669 6634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016250

CR2E037 (9/96)

Additional Directors

President -

Berto Trevino

25040 SE Hwy 4a

Umatilla FL 32784