

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 # 726538 (2)
1. Corporation Name
THE WEST MARION VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
7705 HWY 40 W 7705 HWY 40 W
OCALA FL 34482 Ocala FL 34482
US US

2. Principal Place of Business 2a. Mailing Address
21 7705 Hwy 40W 26 7705 Hwy 40W
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Ocala, FL 28 Ocala, FL
Zip Country Zip Country
24 34482 25 US 29 34482 30 US

3. Date Incorporated or Qualified 05/29/1973 3a. Date of Last Report 07/19/1995
4. FEI Number 59-1674496 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

ARD, KATHRYN
7814 HWY 40 W.
OCALA FL 34482

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 Kathryn Ard, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-96

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETED |
|-------|----------------|------------------------|---------------------|--------------------------|
| P | KHUNES, IVAN | 4500 NW BLITCHTON ROAD | OCALA FL 34482-4077 | <input type="checkbox"/> |
| V | STAPP, ALBERT | 5465 N.W. 61ST COURT | OCALA FL 34482-2628 | <input type="checkbox"/> |
| SD | SEITZ, TWILA | 6771 N.W. 60TH CT. | OCALA FL 34482 | <input type="checkbox"/> |
| TD | ARD, KATHY | 7814 HWY 40 W | OCALA FL 34482-8218 | <input type="checkbox"/> |
| D | SEISER, ALBERT | 6860 N.W. 62ND ST. RD. | OCALA FL 34482 | <input type="checkbox"/> |
| D | TOOTLE, DAVID | 6153 NN.W. 68TH COURT | OCALA FL 34482 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: Kathryn Ard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

Date

237-41077

Daytime Phone #

CR2E037 (12/95)