

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 # 728052 (2)

1. Corporation Name

SOUTH CENTRAL FIRE AND RESCUE, INC.

Principal Place of Business

**34335 CHANCEY ROAD
ZEPHYRHILLS FL 33543-5074
US**

Mailing Address

**34335 CHANCEY ROAD
ZEPHYRHILLS FL 33543-5074
US**



3. Date Incorporated or Qualified

11/19/1973

3a. Date of Last Report

08/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25** **29** **30**

4. FEI Number

59-2913814

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

**RICKS, ARTHUR B
34024 HWY 54 WEST
ZEPHYRHILLS FL 34249**

81 Name

Freed, Homer

82 Street Address (P.O. Box Number is Not Acceptable)

4523 Coats Road

83

Zephyrhills

84 City

Zephyrhills

FL

85 Zip Code
33541

11. Pursuant to the provisions of Sections 617.0502 and 617.1003, 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

Homer Freed

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

(NOTE: Registered Agent signature required when reinstating)

1-31-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **RICKS, BENNETT A**
CITY-ST-ZIP **34024 HWY. 54, W.
ZEPHYRHILLS, FL 00000**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FREED, HOMER**
CITY-ST-ZIP **4523 COATS ROAD
ZEPHYRHILLS, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LANE, TERRI**
CITY-ST-ZIP **3624 ASHMORE RD.
ZEPHYRHILLS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **THROWER, RONNIE**
CITY-ST-ZIP **105 FOXRIDGE BLVD.
ZEPHYRHILLS FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Bennett Ricks **TD**

2-1-96 (013) 788,654

CR2E037 (12/95)