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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **728246** (0)

1. Corporation Name

**BAKERSVILLE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

Mailing Address

4655 CR 208  
P.O. BOX 4234  
ST. AUGUSTINE FL 32085

4655 CR 208  
P.O. BOX 4234  
ST. AUGUSTINE FL 32085

3. Date Incorporated or Qualified  
**01/15/1974**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, DONALD E.  
5425 OSCAR ASHTON ROAD  
ST. AUGUSTINE FL 32092**

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 617.0509, Florida Statutes.

SIGNATURE

*[Signature]*

*Chit*

*4-12-96*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	NEIL, LINDA R.	
STREET ADDRESS	2665 PELLICER ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOMMER, MIKE	
STREET ADDRESS	2711 C. R. 208	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WELLS, GENE	
STREET ADDRESS	2675 JOE ASHTON ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAREY, JAMES	
STREET ADDRESS	1800-A JOE ASHTON ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COPEMAN, PAT	
STREET ADDRESS	2740 C. H. ARNOLD ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, SUSAN	
STREET ADDRESS	1750 BENNETT ROAD, LOT L	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COPEMAN, PAT	
1.3 STREET ADDRESS	2740 C.H. ARNOLD RD.	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLARK, SUSAN	
2.3 STREET ADDRESS	1750 BENNETT RD. LOT L	
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL.	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LANZER, CHRIS	
3.3 STREET ADDRESS	2415 CR 13 A N.	
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	5925 PINECREEK DR.	
4.3 STREET ADDRESS	ST. AUGUSTINE, FL	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LANG, MIKE	
6.3 STREET ADDRESS	2570 PELLICER RD.	
6.4 CITY-ST-ZIP	ST. AUGUSTINE, FL.	

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:

*Thomas P. Copeman* ST  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/96*

*(904) 823-9114*

Date

Daytime Phone

CR2E037 (12/95)