FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State¹

DIVISION OF CORPORATIONS

DOCUMENT #

729369

(9)

ESPANOLA	. VOLUNI	IEER FIRE	DEPARTMENT.	INC.

201711	TOEN TOEOMEEN THE DE	ar runneltti itto.							
Principal Place	e of Business	Maling Address				- 1861 1886 314 50 40)
HIGHWAY #13 RT 1 BOX 31-A BUNNELL FL 32110		HWY 13 RR 1 BOX 35 BUNNELL FL 32110		Date incorporated or Qualified	3a. Date o	y I set	Benot		
		US				04/16/1974		/26/1	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
21		26				NOT APPLICABLE		1	Not Applicable
Suite, Apt.	T-17-2 M-1 - 1-17 LAX - 1-14 M-1	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$		Additional Required
Oity & Stali	е	City & State				6. Election Campaign Financing			May Be
Zip	Country	Zip	Countr	rv		Trust Fund Contribution 8 This compration has liability for it			d to Fees
24	25 29 30		- ├	•		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No			199.002,
	9. Name and Address of Curren	nt Registered Agent		. 1		10. Name and Address of New R	gistered Age	nt	
			8	1 1	lame				
	R COUNTY BOARD OF COMMIS	SSIERS	8:	82 Str		ss (P.O. Box Number is Not Acceptabl	e)		
	TATE ROAD 100		8:						
BUNNE	LL FL 32010			•					
•			84	4 0	Dity		E1 8	5 Z(c	Code
11. Pürsuarit l or register familiar wi	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect	2 and 617.1508, Florida Statul da: Such change was authori; tion 617.0503, Florida Statute:	tes, the above zed by the cor s.	nan pora	ned corpora tion's board	tion submits this statement for the pur of directors. I hereby	oose of changing	o its r	enistered office
SIGNATURE	-		21.5 2						
Signature, typed or pricted came of registered agreed and terminating arguments. (NOTE Registe 12. OFFICERS AND DIRECTORS 1			OTE Registered Ag	entag	nature required :	when renstatings ADDITIONS/CHANGES TO OFFI	DATE DE HS. AND DIE	FCTO	RS IN 12
T TLE	DC	DELETE	1 1 TITLE		1	, , , , , , , , , , , , , , , , , , , ,		hange	Addition
NAME	MCMILLEN, GEORGE SR		1.2 NAME					_	
STREET ADOPESS	SR 13 ESPANOLA		1 3 STREE	ET ADE	RESS				
CITY - ST - ZIP	BUNNELL FL		1.4 C/TY -	-ST-Z	iP				
TITLE	D	□ DELE1E	2.1 TITLE		Ī		□ c	hange	Addition Addition
NAME	BOWMAN, DAVID		2 2 NAME						
STREET ADDRESS	SR 13 ESPANOLA	2351							
CITY-ST-ZiP TITLE	BUNNELL FL	□ DELETE	2 4 CITY		îP .		ΠC	hanna	Addition
NAME	D MONITAN GEORGE ID		31 TITLE				Пr	lange	☐ Addition
STREET ADDRESS	MCMILLAN, GEORGE JR SR 13 ESPANOLA		3.2 NAME 3.3 STREE		DRESS				
CITY - ST - ZIP	BUNNELL FL		3.4 CITY						
TITLE	DV	DELETE	4.1 TITLE				□ C	hange	Addition
NAME	IRVIN, NORM		4 2 NAM	Έ					
STREET ADDRESS	SR 13 ESPANOLA		4 3 STREE	ET ADI	PRESS				
CITY - ST - ZIP	BUNNELL FL		4 4 CiTY -	-ST - Z	IP				
TITLE	DACS	DELETE	5 1 TITLE			30000172 -02/28/36010	615	na ge	Addition
NAME	BOWMAN, KAYE		5.2 NAME			~UZ/Z8/96~~010	U9036		
STREET ADDRESS	STATE RD #13 ESPANOLA		5 3 STREE			***61.25			
CITY - ST - ZIF	BUNNELL FL	Finciere	5 4 CITY -		IP .	****		h	
TITLE	DT DEIGE CREECE CALLY	☐ DELETE	6 1 TITLE					happe	Addition
NAME ELECT ADODOS	REIGELSPERGER, SALLY		6.2 NAME					′ ~	9/1
STREET ADDRESS	STATE RD #13 ESPANOLA		6 3 STREE					()	ナし
14. I do hereb	BUNNELL FL by certify that the information supplied	with this filing is voluntarily fun	64 CITY -			the exemption stated in Section 119.0	7(3)(k) Florida	Statut	es I further
certify that	t the information indicated on this anni	ual report or supplemental and	nual report is to	rue a	ind accurate	and that my signature shall have the	same legal effe	ot as if	made under

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 1.19.07(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 chapter 6, or on an attachment with an appears in Block 12 or Block 13 if chapter 6.

SIGNATURE:

LER OF DIRECTION OF

1/25/96 904-437-5934