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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 729369 (9)

1. Corporation Name

ESPANOLA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

HIGHWAY #13  
RT 1 BOX 31-A  
BUNNELL FL 32110

HWY 13  
RR 1 BOX 35  
BUNNELL FL 32110-9607  
US

3. Date Incorporated or Qualified  
04/16/1974

3a. Date of Last Report  
02/27/1996

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

FLAGLER COUNTY BOARD OF COMMISSERS  
EAST STATE ROAD 100  
BUNNELL FL 32010

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME MCMILLEN, GEORGE SR  
STREET ADDRESS SR 13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

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

TITLE D  
NAME BOWMAN, DAVID  
STREET ADDRESS SR 13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

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

TITLE D  
NAME MCMILLAN, GEORGE JR  
STREET ADDRESS SR 13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

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

TITLE DV  
NAME IRVIN, NORM  
STREET ADDRESS SR 13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

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

TITLE DACS  
NAME BOWMAN, KAYE  
STREET ADDRESS STATE RD #13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

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

TITLE DT  
NAME REIGELSPERGER, SALLY  
STREET ADDRESS STATE RD #13 ESPANOLA  
CITY-ST-ZIP BUNNELL FL

6.1 TITLE  
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.

CR2ED37 (9/96)