

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 # 730150 (0)

1. Corporation Name

SOUTH FOREST VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business

15490 S.E. 182ND AVE. RD.
UMATILLA FL 32784

Mailing Address

15490 S.E. 182ND AVE. RD.
UMATILLA FL 32784



3. Date Incorporated or Qualified
07/09/1974

3a. Date of Last Report
05/01/1995

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
NOT APPLICABLE

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

**SNOWBERGER, DANIEL J
21961 S.E. 149TH LANE
UMATILLA FL 32784**

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

Daniel J. Snowberger

Daniel J. Snowberger

4/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P SNOWBERGER, DANIEL**
STREET ADDRESS **21961 SE 149 LANE**
CITY - ST - ZIP **UMATILLA FL 32784**

TITLE ☐ DELETE
NAME **V HOFFMAN, JAMES**
STREET ADDRESS **RT 3, BOX 657 NA**
CITY - ST - ZIP **OCKLAWAHA FL 32179**

TITLE ☐ DELETE
NAME **T NORFOLK, SANDRA**
STREET ADDRESS **20865 S.E. 142ND LANE**
CITY - ST - ZIP **UMATILLA FL 32784**

TITLE ☐ DELETE
NAME **D MONDAY, DONALD**
STREET ADDRESS **14910 S.E. 218TH TERRACE**
CITY - ST - ZIP **UMATILLA FL 32784**

TITLE ☐ DELETE
NAME **D BLIZZARD, RALPH**
STREET ADDRESS **21990 S.E. 147PLACE**
CITY - ST - ZIP **UMATILLA FL 32784**

TITLE ☒ DELETE
NAME **D GOULD, CLIFFORD**
STREET ADDRESS **20951 S.E. 155TH ST.**
CITY - ST - ZIP **UMATILLA FL 32784**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**M Lawrence, Tommy
20897 S.E. 140 Place
Umatilla, FL 32784**

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:

Daniel J. Snowberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

DATE

904-821-0741

DAYTIME PHONE #

CR2E037 (12/95)