## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

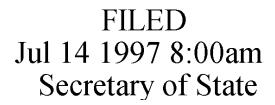
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(0)

## SOUTH FOREST VOLUNTEER FIRE DEPARTMENT, INCORPOR





i Principal Placi	B OI Business	Mailing Address						
15480 S.E. 182ND AVE. RD. UMATILLA FL 32784		15490 S.E. 182ND AVE. RD. UMATILLA FL 32784-8598						
					3. Date Incorporated or Qualified 07/09/1974	3a. Date of Las 05/01/		
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number		Applied For		
21		26		NOT APPLICABLE		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required		
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be		
23		28		Trust Fund Contribution Added to Fees				
Zip 24	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25   9. Name and Address of Current		30		Florida Statutes			
			81	Name		notorou rigo		
SNOWBERGER, DANIEL J				Ctrool Ada	Hrose (D.O. Roy Number is Not Assemble)			
21961 S.E. 149TH LANE			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	A FL 32784		63					
			84	City		<b>—, 85</b> Z	ip 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		A MATE.	B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			0.415		
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registered Agent signs  12. OFFICERS AND DIRECTORS  13.					ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12	
TITLE	Ρ	DELETE	1.1 TITLE			Chan		
NAME	SNOWBERGER, DANIEL		1.2 NAME				lj.	
STREET ADDRESS			1.3 STREET	ADDRESS				
CITY-ST-ZIP	UMATILLA FL 32784		1.4 CITY- S	IT-ZIP				
TITLE			21 TITLE			☐ Chang	ge Addition C	
NAME	HOFFMAN, JAMES		2.2 NAME					
STREET ADDRESS	RT 3, BOX 657 NA		2.3 STREET ADDRESS					
CITY-ST-ZIP	OCKLAWAHA FL 32179		2.4 CITY-	ST - 21P				
TITLE	<b>T</b> □ DELETE		3.1 TITLE			☐ Chang	ge L Addition	
NAME	NORFOLK, SANDRA		3.2 NAME					
STREET ADDRESS			3.3 STREET	· · · · · · · · · · · · · · · · · · ·			1	
CITY-ST-ZIP TITLE			3.4, CITY-5	SI - ZIP		Chang	ge Addition	
NAME			4. 2 NAME			- View	, Livering	
STREET ADDRESS			4.2 MANNE	ADDRESS			Ī	
CATY-ST-ZIP	4 05 4 004 4 4 004 4 4 004 4		4.4 CHTY - S					
TITLE	D	DELETE	5.1 TITLE			Chang	ge Addition	
NAME	BLIZZARD, RALPH		5.2 NAME					
STREET ADDRESS	21990 S.E. 147PLACE		5.3 STREE1	ADDRESS			l	
CITY-ST-ZIP	UMATILLA FL 32784		5.4 CITY - S	T-ZIP				
TITLE	M	DELETE 6.1 TI				Chang	ge Addition	
NAME	LAWRENCE, TOMMY		6.2 NAME					
STREET ADDRESS	20897 S.E. 140 PLACE		63 STREET	ADDRESS			1	
CITY-ST-ZIP	UMATILLA FL		6.4 CiTY - S	T-ZIP				

I do hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 3 if changed for on an attachment with the address.

4/20/07