

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 # 731079 (0)

1. Corporation Name

BERRYDALE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**RT 1 BOX 414-H
JAY FL 32565**

Mailing Address

**RT 1 BOX 414-H
JAY FL 32565**

3. Date Incorporated or Qualified
11/08/1974

3a. Date of Last Report
04/07/1995

2. Principal Place of Business
**21 13000 Hwy 87 North
Jay, FL 32565**

2a. Mailing Address **13000 Hwy 87 North
Jay, FL 32565**

4. FEI Number
59-2744398

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

**PENTON, BOBBIE
RT. 3, BOX 131
MILTON FL 32570**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

RT 3 BOX 131 Hwy 87 N. Milton, FL 32570

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 **Bobbie Penton, SD**

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 '92

TITLE **PD** ☒ DELETE
NAME **WEAVER, ADAM**
STREET ADDRESS **3201 WALLING ROAD**
CITY-ST-ZIP **MILTON FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Ronald J. Ashworth**
1.3 STREET ADDRESS **RT 3 Box 173 Willey Ates Rd.**
1.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE **SD** ☐ DELETE
NAME **PENTON, BOBBIE**
STREET ADDRESS **RT. 3, BOX 131 N/A**
CITY-ST-ZIP **MILTON FL**

2.1 TITLE **SD** ☐ Change ☐ Addition
2.2 NAME **Bobbie Penton**
2.3 STREET ADDRESS **Hwy 87 North RT 3 Box 131**
2.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE **VD** ☒ DELETE
NAME **PENTON, CURTIS**
STREET ADDRESS **RT. 3, BOX 131 N/A**
CITY-ST-ZIP **MILTON FL**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **Willie Trauwick**
3.3 STREET ADDRESS **4376 Sutton-Allen Rd**
3.4 CITY-ST-ZIP **Jay, FL 32565**

TITLE **TD** ☐ DELETE
NAME **WELCH, LINDA**
STREET ADDRESS **RT 3**
CITY-ST-ZIP **MILTON FL**

4.1 TITLE **TD** ☐ Change ☐ Addition
4.2 NAME **Linda Welch**
4.3 STREET ADDRESS **RT 3 BOX 168 Jack Holland Road**
4.4 CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Board Member**
5.3 STREET ADDRESS **Howard Phillips**
5.4 CITY-ST-ZIP **13070 Hwy 87 North Jay, FL 32565**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Bobbie Penton
Bobbie Penton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 635 4111

Daytime Phone #

CR2E037 (12/95)