

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 # 732707 (5)
1. Corporation Name
THE OZELLO VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**DEPT 14300 OZELLO TRAIL
CRYSTAL RIVER FL 34429**

Mailing Address
**DEPT 14300 OZELLO TRAIL
CRYSTAL RIVER FL 34429**

3. Date Incorporated or Qualified
05/06/1975

3a. Date of Last Report
05/31/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2889102		<input checked="" type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country		30 Country			

9. Name and Address of Current Registered Agent

**ELVERS, DOUGLAS
13915 W. OZELLO TRL.
CRYSTAL RIVER FL 34429**

10. Name and Address of New Registered Agent

81 Name Douglas J. Elvers	85 Zip Code 34429
82 Street Address (P.O. Box Number is Not Acceptable) 13915 W. Ozello Trl.	
83	
84 City Crystal River	
85 State FL	

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 *Douglas J. Elvers* DATE **Feb. 12, 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE Chief	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELVERS, DOUGLAS		1.2 NAME Douglas J. Elvers.	
STREET ADDRESS 13915 W. OZELLO TRL.		1.3 STREET ADDRESS	
CITY-ST-ZIP CRYSTAL RIVER FL 34429		1.4 CITY-ST-ZIP	
TITLE 2NDL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE CARPENTER, DANIEL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CAULK, D. CHARLES		2.2 NAME	
STREET ADDRESS 13945 W. OZELLO TRL.		2.3 STREET ADDRESS 14518 HIDE-A-WAY DR.	
CITY-ST-ZIP CRYSTAL RIVER FL		2.4 CITY-ST-ZIP CRYSTAL RIVER FL	
TITLE 1STL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 1STL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOMACK, MARK		3.2 NAME FALLANCA, C	
STREET ADDRESS 6215 W. PINEDALE CIR.		3.3 STREET ADDRESS 14300 W. OZELLO TR	
CITY-ST-ZIP CRYSTAL RIVER FL		3.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429	
TITLE AC	<input type="checkbox"/> DELETE	4.1 TITLE AC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARPENTER, DANIEL		4.2 NAME POTTER, STEVE	
STREET ADDRESS 14518 HIDE-A-WAY DR.		4.3 STREET ADDRESS 14336 W. Seashell Ct	
CITY-ST-ZIP CRYSTAL RIVER FL		4.4 CITY-ST-ZIP CRYSTAL RIVER FL 34429	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Douglas J. Elvers* **Douglas J. Elvers** DATE **Feb. 12, 96** DAYTIME PHONE # **795-7517**

CR2E037 (12/95)