

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

Mailing Address

Dept. 14300 W Ozello Tr.
Crystal River, Fl. 34429

14300 W Ozello Tr.
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

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

4. FEI Number

59-2889102

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

ELVERS, Douglas
13915 W Ozello Tr.
Crystal River, Fl. 34429

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

Douglas J. Elvers, Director

x

Douglas J. Elvers, Director

2/12/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME DP
STREET ADDRESS ELVERS, Douglas
CITY-ST-ZIP 13915 W Ozello Tr. C.R. Fl.
Crystal River, Fl. 34429

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME 2ndL
STREET ADDRESS CAULK, D. Charles
CITY-ST-ZIP 13945 W Ozello Tr. C.R. Fl.

21 TITLE ☒ Change ☐ Addition
22 NAME T
23 STREET ADDRESS POTTER, Steve
24 CITY-ST-ZIP 14300 W Ozello Tr. Crystal River, Fl

TITLE ☒ DELETE
NAME 1stL
STREET ADDRESS WOMACK, Mark
CITY-ST-ZIP 6215 W Pinedale Crl. C.F. FL

31 TITLE ☒ Change ☐ Addition
32 NAME T
33 STREET ADDRESS FALLANCA, Chris
34 CITY-ST-ZIP 14300 W Ozello Tr. Crystal River, Fl

TITLE ☐ DELETE
NAME AC
STREET ADDRESS CARPENTER, Daniel
CITY-ST-ZIP 14518 W Hideaway Dr. C.R. Fl

41 TITLE ☐ Change ☒ Addition
42 NAME T
43 STREET ADDRESS CARPENTER, Daniel
44 CITY-ST-ZIP 14518 W Hideaway Dr. Crystal River, Fl

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, Director

2/12/96

352-795-7517

Date

Daytime Phone

CR2E037 (12/95)

Money deposited 61.50 3/22/96