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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #

736021

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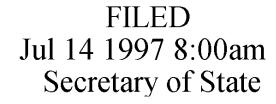
BLACK HAMMOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 26427 JACKSONVILLE FL 32218

P.O. BOX 26427 JACKSONVILLE FL 32226-642





JACKSONVILLE FL 32218					JACKSONVILLE FL 32226-6427									
										3. Date incorporated or Qualified 06/04/1976	3a. Date of I 05/01	ast Re /199	eport 6	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number		Αp	plied For	
21				26						59-3148689			Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired			dditional	
City & State				City & State					-	1			quired	
				28						6. Election Campaign Financing Trust Fund Contribution			May Be	
23 Zip	Country			26	Zip Cou							Added to Fees		
24	_	25	• •	29	- .h	30	000.107	,			Yes No	ider s.	199.032,	
	9. Name	_	ess of Current		tered Agent	1001		10. Name and Address of New Registered Age						
							81	Nε	me					
ASSAF, TOBERT A 15860 SAWPIT ROAD								Str	eet Addre	ess (P.O. Box Number is Not Accepta	ble)			
								Street Address (P.O. Box Number is Not Acceptable)						
JACKSONVILLE FL							63							
								Cil	<u></u>		85	Zip (Code	
									•		FL		1	
11. Pursuant office or I	to the provising the temperature of t	ions of Sec jent, or bot	tions 617.0502 h, in the State c	and 6 f Florid	:17.1508, Florida Statut da Such change was : 1. Section 617.0503, Eli	tes, th autho	e abov rized b Statute	re-nar y tho	ned corpo corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of chang pt the appointme	ging its ent as	registered registered	
SIGNATURE											DATE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.									nature require	ADDITIONS/CHANGES TO OFFI		CŤÓB	S IN 12	
TITLE	D		DEFICENS AND	DINEC	DELETE	—4-	1.1 TITLE			ADDITIONS/CHANGES TO GITT	CENS AND DINE		Addition	
NAME	_	ROBERT	Δ				1.2 NAME							
STREET ADDRESS		AWPIT RO					1.3 STREE	T ADDR	FCC					
CITY-ST-ZIP		NVILLE FI					1.4 CiTY-1		100					
TITLE	n	1111666	<u></u>		DELETE	_	2.1 TITLE	DI ZII	-		Cr	ange	Addition	
NAME	ASSAF.	MICHAEL	A			1	2.2 NAME		Ì				ĺ	
STREET ADDRESS		HARK RD				- 1:	2 3 STREE	T ADDR	ESS					
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TITLE	D				DELETE	- [:	3.1 TITLE				☐ Cr	ange	Addition	
NAME	ASSAF,	ALLAN D					3.2 NAME							
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CITY-ST-ZIP	JACKSO	NVILLE FI	<u>L</u>				3.4. CITY -	ST-ZIP						
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NAME .						1	4. 2 NAME						Ì	
STREET ADDRESS	ļ					_ [·	4.3 STREET	t addr	ess (-	
CITY-ST-ZIP							4.4 CITY - :	ST-ZIP						
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CITY-ST-ZIP						_	4 CITY-S	ST-ZIP						
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NAME	1.0					ŀ	5.2 NAME							
STREET ADDRESS						- 1	5.3 STREE	t ador	ESS					
CITY-S1-ZIP	<u></u>						5.4 CITY - S							
14. I do here	by certify the	it the inforn	nation supplied	with th	his filing does not quali	ify for	the exe	əmpti	on stated	in Section 119.07(3)(i), Florida Statute	es. I further certif	y that	ne	

I do needly certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this appearance is appearanced to execute 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 changing or on an attachment with an address.

Francisco de la constante de l