

# 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 # **736928** (3)

1. Corporation Name

**APALACHEE BAY VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

**1448 SHELL PT RD  
CRAWFORDVILLE FL 32327  
US**

Mailing Address

**1448 SHELL PT RD  
CRAWFORDVILLE FL 32327  
US**



3. Date Incorporated or Qualified

**09/29/1976**

3a. Date of Last Report

**04/12/1995**

4. FEI Number

**59-2503586**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, CHESTER C  
1448 SHELL POINT RD  
CRAWFORDVILLE FL 32327**

81 Name

**STAN WARMATH**

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

**34 CONNIE DR.**

83

84 City

**Crawfordville**

**FL**

85

Zip Code

**32327**

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

*Stan Warmath*

**STAN WARMATH**

**3/26/96**

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MURRAY, CHESTER C.	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLANCHARD, JOE	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WARMATH, STAN	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACQUES, JEFFREY M.	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LAWHORN, LARRY J	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VESECKY, JOEANN	
STREET ADDRESS	1448 SHELL PT RD	
CITY-ST-ZIP	CRAWFORDVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael Lowhorn	
1.3 STREET ADDRESS	1448 SHELL H. 2d	
1.4 CITY-ST-ZIP	Crawfordville, FL. 32327	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KAY MASLAR	
2.3 STREET ADDRESS	1448 SHELL H. 2d	
2.4 CITY-ST-ZIP	Crawfordville, FL. 32327	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	300001763843	
3.4 CITY-ST-ZIP	-04/01/96--01016--006	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	***61.25	
5.1 TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tom Tillmann	
5.3 STREET ADDRESS	1448 SHELL H. 2d	
5.4 CITY-ST-ZIP	Crawfordville, FL. 32327	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stan Warmath*

**STAN WARMATH**

**1/20/96**

**904 644 4081**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)