

# 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 # 737046 (3)

1. Corporation Name

TOWN OF MARINELAND VOLUNTEER FIRE DEPARTMENT, IN  
C.



Principal Place of Business

Mailing Address

9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086

9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086

3. Date Incorporated or Qualified  
10/14/1976

3a. Date of Last Report  
05/01/1995

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

DIXON, SUZANNE  
5455 WINDANTIDE RD  
ST. AUGUSTINE FL 32086

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

*Suzanne M. Dixon*

4/30/96

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 PD ☐ DELETE

NAME DIXON, SUZANNE  
STREET ADDRESS 5455 WINDANTIDE RD  
CITY-ST-ZIP ST AUGUSTINE FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BRUNSON, JENNIFER S.  
STREET ADDRESS 737 QUEEN ROAD  
CITY-ST-ZIP ST. AUGUSTINE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME STUCKEY, NICK  
STREET ADDRESS STAR ROUTE 111  
CITY-ST-ZIP BUNNELL FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME TAYLOR, MARK  
STREET ADDRESS 36 FLORIDA AVE.  
CITY-ST-ZIP ST. AUGUSTINE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME DEVOE, TOM  
STREET ADDRESS 1850 OLD MOUNTRIE ROAD  
CITY-ST-ZIP ST AUGUSTINE FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DV ☐ DELETE

NAME PALMER, DAN  
STREET ADDRESS 200 C R 13 S  
CITY-ST-ZIP ST. AUGUSTINE FL

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:

*Suzanne M. Dixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE DIXON 4/20/96 904-471-1111  
Mayor Date Daytime Phone #

CR2E037 (12/95)