

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/14/1976

3a. Date of Last Report
05/16/1996

4. FEI Number
59-1003937

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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

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	<input checked="" type="checkbox"/> DELETE
NAME	DIXON, SUZANNE	
STREET ADDRESS	5455 WINDANTIDE RD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNSON, JENNIFER S.	
STREET ADDRESS	737 QUEEN ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STUCKEY, NICK	
STREET ADDRESS	STAR ROUTE 111	
CITY-ST-ZIP	BUNNELL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MARK	
STREET ADDRESS	36 FLORIDA AVE.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	DEVOE, TOM	
STREET ADDRESS	1850 OLD MOUNTIE ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, DAN	
STREET ADDRESS	200 C R 13 S	
CITY-ST-ZIP	ST. AUGUSTINE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James C. Netherton III	
1.3 STREET ADDRESS	9507 Ocean Shore Blvd.	
1.4 CITY-ST-ZIP	Marineland FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Stolzer	
2.3 STREET ADDRESS	176 Marina Dr.	
2.4 CITY-ST-ZIP	Marineland, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Stolzer	
3.3 STREET ADDRESS	176 Marina Dr.	
3.4 CITY-ST-ZIP	Marineland, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dennis Laporte	
4.3 STREET ADDRESS	176 Marina DR.	
4.4 CITY-ST-ZIP	Marineland, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Elaine Laporte	
5.3 STREET ADDRESS	176 Marina Dr.	
5.4 CITY-ST-ZIP	Marineland, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Doug Wright	
6.3 STREET ADDRESS	176 Marina Dr.	
6.4 CITY-ST-ZIP	Marineland, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 8/19/97 904-461-4044

FILED
Aug 19 1997 8:00am
Secretary of State



CR2E037 (4/97)