

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 # 737079 (4)

1. Corporation Name

MOSSY HEAD/OAKWOOD HILLS VOLUNTEER FIRE DEPARTME
NT, INC.

Principal Place of Business

Mailing Address

HWY. 1087 NORTH
P.O. BOX 1257
MOSSY HEAD FL 32434

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P.O. BOX 1257
MOSSY HEAD FL 32434

3. Date Incorporated or Qualified
10/20/1976

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0188470

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

MILLER, GEORGE RALPH
105 E NELSON AVE
DEFUNIAK SPRINGS FL 32433

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 ☐ DELETE

NAME PEASE, BRUCE M.
STREET ADDRESS 485 VIOLET LANE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME PEACOCK, JOHN
STREET ADDRESS 124 KELLEY PL
CITY-ST-ZIP DEFUNIAK SPRINGS FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D
2.3 STREET ADDRESS JEFF HUTTO
124 KELLEY PLACE
2.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE TD ☐ DELETE

NAME PEASE, LOIS K.
STREET ADDRESS 485 VIOLET LANE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☒ DELETE

NAME MILLER, LINCOLN
STREET ADDRESS 8494 HWY 90 WEST
CITY-ST-ZIP DEFUNIAK SPRINGS FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VD
4.3 STREET ADDRESS SPRADLIN JR Joseph
4.4 CITY-ST-ZIP 236 KELLEY PLACE
DEFUNIAK SPRINGS, FL 32433

TITLE D ☒ DELETE

NAME SPRADLIN, JOE
STREET ADDRESS RT. 9, BOX 473
CITY-ST-ZIP DEFUNIAK SPGS. FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Michael Lockridge
5.3 STREET ADDRESS 770 Cty. Hwy. 1087
5.4 CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE S ☒ DELETE

NAME PEACOCK, SHARON B.
STREET ADDRESS 124 KELLEY PL
CITY-ST-ZIP DEFUNIAK SPRINGS FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME S
6.3 STREET ADDRESS KAREN Lockridge
6.4 CITY-ST-ZIP 770 Cty. Hwy. 1087
DEFUNIAK SPRINGS, FL 32433

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)