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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32434HWY. 1087 NORTH  
P.O. BOX 1257  
MOSSY HEAD FL 32434-12573. Date Incorporated or Qualified  
10/20/19763a. Date of Last Report  
02/21/19964. FEI Number  
59-0188470Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

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 FL1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME ~~Barbara K~~  
1.3 STREET ADDRESS ~~367 Keller Place~~  
1.4 CITY-ST-ZIP ~~Mossy Head FL Defuniak Springs FL~~TITLE D ☒ DELETE  
NAME HUTTO, JEFF  
STREET ADDRESS 124 KELLEY PLACE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME PEASE, LOIS K.  
STREET ADDRESS 485 VIOLET LANE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME SPRADLIN, JOSEPH JR  
STREET ADDRESS 236 KELLEY PLACE  
CITY-ST-ZIP DEFUNIAK SPRINGS FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Spradlin, Joseph Jr  
4.3 STREET ADDRESS 236 Kelley Place  
4.4 CITY-ST-ZIP Defuniak Springs FLTITLE D ☐ DELETE  
NAME LOCKRIDGE, MICHAEL  
STREET ADDRESS 770 CTY HWY 1087  
CITY-ST-ZIP DEFUNIAK SPGS. FL5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Lockridge Michael  
5.3 STREET ADDRESS 770 Cty Hwy 1087  
5.4 CITY-ST-ZIP Defuniak Springs FLTITLE S ☒ DELETE  
NAME LOCKBIDGE, KAREN  
STREET ADDRESS 770 CTY HWY 1087  
CITY-ST-ZIP DEFUNIAK SPRINGS FL6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Patterson Linda  
6.3 STREET ADDRESS 1380 Brian Ln  
6.4 CITY-ST-ZIP Crestview, FL 32539

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8010428

CP2E037 (9/96)