

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737428 (3)

1. Corporation Name

OXFORD VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

HWY 466 EAST, 4147 CR 466
OXFORD FL 34484
US

Mailing Address

HIGHWAY 466 EAST
P.O. BOX 143
OXFORD FL 32684

3. Date Incorporated or Qualified
12/02/1976

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

51-1702937

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

9. Name and Address of Current Registered Agent

STEVENS ON, ANDREW M.
4481 CR 100
OXFORD FL 34484

10. Name and Address of New Registered Agent

81 Name Jerry Gay

82 Street Address (P.O. Box Number is Not Acceptable)
13612 CR 103

83

84 City OXFORD

FL

85 Zip Code 34484

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 Jack Reynolds

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REYNOLDS, BILL
STREET ADDRESS CR 105
CITY-ST-ZIP OXFORD FL
☐ DELETE

TITLE V/D
NAME GAY, JERRY J.
STREET ADDRESS 13612 CR 103
CITY-ST-ZIP OXFORD FL
☐ DELETE

TITLE STD
NAME SMITH, CLINTON
STREET ADDRESS 4480 A CR 472
CITY-ST-ZIP OXFORD FL
☐ DELETE

TITLE D
NAME STEVENSON, ANDREW M.
STREET ADDRESS 4481 CR 100
CITY-ST-ZIP OXFORD FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant chief / D
1.2 NAME Ronald Sumner
1.3 STREET ADDRESS 3905 CR 214
1.4 CITY-ST-ZIP OXFORD, FL 34484
☐ Change ☒ Addition

2.1 TITLE CHIEF / D
2.2 NAME Jack Reynolds
2.3 STREET ADDRESS CR 105
2.4 CITY-ST-ZIP OXFORD, FL 34484
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS \$ BANK
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clinton Smith

7/23/96 (352) 748-3886

Date

Daytime Phone #

0017215

CR2E037 (3/96)