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Feb 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34484-01433. Date Incorporated or Qualified  
12/02/19763a. Date of Last Report  
06/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

4. FEI Number  
51-1702937☒ Applied 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GAY, JERRY  
13612 CR 103  
OXFORD FL 34484

81 Name John D. Lackey

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

4486B - C472

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

John D. Lackey

John D. Lackey Secretary/Treasure

2-11-97

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 REYNOLDS, BILL  
STREET ADDRESS CR 105  
CITY-ST-ZIP OXFORD FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☒ DELETE  
NAME GAY, JERRY J.  
STREET ADDRESS 13612 CR 103  
CITY-ST-ZIP OXFORD FL2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Austin Kready  
2.3 STREET ADDRESS 3761 CR 214  
2.4 CITY-ST-ZIP Oxford, FL 34484TITLE AD ☐ DELETE  
NAME SUMNER, RONALD  
STREET ADDRESS 3905 CR 214  
CITY-ST-ZIP OXFORD FL 344843.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE STD ☒ DELETE  
NAME SMITH, CLINTON  
STREET ADDRESS 4480 A CR 472  
CITY-ST-ZIP OXFORD FL4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME John P. Lackey  
4.3 STREET ADDRESS 4486B - C472  
4.4 CITY-ST-ZIP Oxford, FL 34484TITLE CD ☐ DELETE  
NAME REYNOLDS, JACK  
STREET ADDRESS CR 105  
CITY-ST-ZIP OXFORD FL 344845.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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: John D. Lackey REDEARDED Lackey 1-28-97 (352) 748-3886

CR2E037 (9/96)