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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 738191 (6)
1. Corporation Name
GLENDALE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
148 RAILROAD AVE. DEFUNIAK SPRINGS FL 32433 US
148 RAILROAD AVE DEFUNIAK SPRINGS FL 32433-0956 US

3. Date Incorporated or Qualified 02/22/1977
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number NOT APPLICABLE 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
WILKERSON, JOHN
297 RAILROAD AVE
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, PHILLIP	
STREET ADDRESS	6574 HWY 1084	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 00000	
TITLE	DS/P	<input type="checkbox"/> DELETE
NAME	KINKEY, ARTHUR	
STREET ADDRESS	10079 STATE RD 83	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 00000	
TITLE	DS/DS	<input type="checkbox"/> DELETE
NAME	LAIRD, LENNIE	
STREET ADDRESS	125 SULLIVAN STREET	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PRATER, KEVIN	
STREET ADDRESS	920 STATE HWY 2 WEST	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILKERSON, SYLVIE A	
STREET ADDRESS	510 RAILROAD AVE	
CITY-ST-ZIP	DEFUNIAK SPGS, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID L. MAXSON	
1.3 STREET ADDRESS	269 Hallalujah Trail	
1.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRACY L. MAXSON	
2.3 STREET ADDRESS	269 Hallalujah Trail	
2.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, DEWEY W.	
3.3 STREET ADDRESS	2580 Co Hwy 183-b	
3.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dell, Kevin Dell	
4.3 STREET ADDRESS	921 St Hwy 42 West	
4.4 CITY-ST-ZIP	De Funiak Springs, FL 32433	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kevin Dell REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010000

CR2E037 (9/96)