

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

Principal Place of Business <b>148 RAILROAD AVE. DEFUNIAK SPRINGS FL 32433 US</b>	Mailing Address <b>148 RAILROAD AVE DEFUNIAK SPRINGS FL 32433 US</b>
--	---

3. Date Incorporated or Qualified  
**02/22/1977**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
--	---

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
---	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILKERSON, JOHN  
297 RAILROAD AVE  
DEFUNIAK SPRINGS FL 32433**

81 Name <b>Arthur Kinkey</b>	85 Zip Code <b>32433</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>10079 State Hwy 83 North</b>	
83 City <b>Defunyak Spgs</b>	
84 State <b>FL</b>	

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 **Arthur Kinkey Director**

(NOTE: Registered agent signature required when reinstating)

DATE **13 Jan 98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXSON, DAVID L.</b>	
STREET ADDRESS	<b>269 HALLALUJAH TRAIL</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPGS, FL 00000</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KINKEY, ARTHUR</b>	
STREET ADDRESS	<b>10079 STATE RD 83</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPGS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAIRD, LENNIE</b>	
STREET ADDRESS	<b>125 SULLIVAN STREET</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPGS, FL 00000</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, DEWEY W.</b>	
STREET ADDRESS	<b>2580 CO HWY 183-B</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPGS, FL 00000</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DELL, KEVIN</b>	
STREET ADDRESS	<b>921 ST HWY 42 WEST</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPGS, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAXSON, TRACY L.</b>	
STREET ADDRESS	<b>269 HALLALUJAH TRAIL</b>	
CITY-ST-ZIP	<b>DEFUNIAK SPRINGS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Joey Murphy</b>
4.3 STREET ADDRESS	<b>13 Sullivan St.</b>
4.4 CITY-ST-ZIP	<b>Defunyak Spgs, Fla. 32433</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>T</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D/S</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: **Arthur Kinkey** **Arthur Kinkey** **13 Jan 98** **850** **859-2251**

CP2E037 (10/97)