

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739270

1. Corporation Name
Ellisville Volunteer Fire Department Inc.
Rt. 3, Box 162-A
Lake City, FL 32025

Principal Place of Business Mailing Address
Ellisville Volunteer Fire Department Inc.
Rt. 3, Box 162-A U.S. 41-441
Lake City, FL 32025

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3010553	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Emory L. Bailey
Rt. 3, Box 161-B
Lake City, FL 32025

81. Name Emory L. Bailey
82. Street Address (P.O. Box Number is Not Acceptable)
Rt. 3, Box 161-B
83. City Lake City
84. State FL 85. Zip Code 32025

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 Emory L. Bailey Pres. Emory L. Bailey 5-3-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	1.1 TITLE	Board of Directors
NAME	Emory L. Bailey	1.2 NAME	Ryan Fleagle
STREET ADDRESS	Rt. 3, Box 161-B	1.3 STREET ADDRESS	Rt. 3, Box 161-B
CITY - ST - ZIP	Lake City, FL 32025	1.4 CITY - ST - ZIP	Lake City, FL 32025
TITLE	Vice Pres.	2.1 TITLE	
NAME	Don C. Wilson	2.2 NAME	
STREET ADDRESS	Rt. 4, Box 430-6	2.3 STREET ADDRESS	
CITY - ST - ZIP	Lake City, FL 32025	2.4 CITY - ST - ZIP	
TITLE	Sec.	3.1 TITLE	
NAME	Lance J. Arnold	3.2 NAME	
STREET ADDRESS	Rt. 3, Box 236-C	3.3 STREET ADDRESS	
CITY - ST - ZIP	Lake City, FL 32025	3.4 CITY - ST - ZIP	
TITLE	Treasurer	4.1 TITLE	
NAME	Alfred J. Mangelson	4.2 NAME	
STREET ADDRESS	Rt. 3, Box 234-B	4.3 STREET ADDRESS	
CITY - ST - ZIP	Lake City, FL 32025	4.4 CITY - ST - ZIP	
TITLE	Board of Directors	5.1 TITLE	
NAME	John W. H.	5.2 NAME	
STREET ADDRESS	Rt. 3, Box 3132	5.3 STREET ADDRESS	
CITY - ST - ZIP	Lake City, FL 32025	5.4 CITY - ST - ZIP	
TITLE	Board of Directors	6.1 TITLE	
NAME	Cline Fleagle	6.2 NAME	
STREET ADDRESS	Rt. 3, Box 120	6.3 STREET ADDRESS	
CITY - ST - ZIP	Lake City, FL 32025	6.4 CITY - ST - ZIP	

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: Emory L. Bailey 5-3-96 904-752-0770
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (12/95)