

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 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 # 739270 (7)

1. Corporation Name

ELLISVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

RT 3 BOX 162-A  
U.S. 41-441 S.  
LAKE CITY FL 32025  
US 32025

Mailing Address

RT 3 BOX 162-A  
U.S. 41-441 S.  
LAKE CITY FL 32025-9803  
US



3. Date Incorporated or Qualified  
06/06/1977

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip  
32025

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3010553

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

10. Name and Address of New Registered Agent

BAILEY, EMORY L  
RT 3 BOX 161B  
LAKE CITY FL 32055

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

Emory L. Bailey Pres

Emory L. Bailey

4-26-97

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BAILEY, EMORY L.  
STREET ADDRESS RT 3, BOX 161B, US 41 S  
CITY-ST-ZIP LAKE CITY, FL 00000

1.1 TITLE ☐ Change ☐ Addition

NAME VP ☒ DELETE

STREET ADDRESS RT. 6 BOX 430-B  
CITY-ST-ZIP LAKE CITY FL 32025

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME ARNOLD, LANCE J  
STREET ADDRESS RT. 3 BOX 236-C  
CITY-ST-ZIP LAKE CITY FL 32025

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME MENEREN, ALFRED J  
STREET ADDRESS RT.3 BOX 234-B  
CITY-ST-ZIP LAKE CITY FL 32058

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME WITT, TOBY  
STREET ADDRESS RT. 3 BOX 3132  
CITY-ST-ZIP LAKE CITY FL 32025

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME FEAGLE, RYAN M  
STREET ADDRESS ROUTE 8, BOX 511 US 41  
CITY-ST-ZIP LAKE CITY FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

Emory L. Bailey Pres

4-26-97

904-752-0770

CR2E037 (9/96)