

**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 # 739364 (8)

1. Corporation Name  
**PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.**



Principal Place of Business: 1150 S.W. MARTIN DOWNS BLVD. P O BOX 5 PALM CITY FL 34990  
Mailing Address: 1150 S.W. MARTIN DOWNS BLVD. P O BOX 5 PALM CITY FL 34990

3. Date Incorporated or Qualified: 06/15/1977  
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/Country.

4. FEI Number: 59-1763744  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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  
**MACFARLAND, CRAIG S  
5331 SW LANDING CRK DR  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent  
81 Name: **DEBI EVERLY**  
82 Street Address (P.O. Box Number is Not Acceptable): **2926 SW SUNSET TRACE CIRCLE**  
83  
84 City: **PALM CITY** FL 85 Zip Code: **34990**

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: *Debi Everly* **DEBI EVERLY / SECRETARY / TREASURER** 4-29-96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVERLY, DEBI	
STREET ADDRESS	2926 SW SUNSET TRACE CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MACFARLAND, CRAIG S	
STREET ADDRESS	5331 SW LANDING CRK DR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRAU, RALPH	
STREET ADDRESS	950 COLORADO AVE C31	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	34990 (ZIP CODE)	
2.1 TITLE		<input 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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JERRY GITER	
4.3 STREET ADDRESS	3883 SW OSPREY CREEK WAY	
4.4 CITY-ST-ZIP	PALM CITY, FL 34990	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOUG GOETHEL	
5.3 STREET ADDRESS	1804 S'W GREGOR WAY	
5.4 CITY-ST-ZIP	STUART, FL 34997	
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 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: *Debi Everly* **DEBI EVERLY** 4-29-96 (407)221-1708  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)