

FILE NOW: FILING FEE IS \$61.25

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Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739364 (8)**

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



Principal Place of Business <b>1150 S.W. MARTIN DOWNS BLVD. P O BOX 5 PALM CITY FL 34990</b>	Mailing Address <b>1150 S.W. MARTIN DOWNS BLVD. P O BOX 5 PALM CITY FL 34991-0005 US</b>
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3. Date Incorporated or Qualified <b>06/15/1977</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1763744</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**DEBI EVERLY  
2926 SW SUNSET TRACE CIRCLE  
PALM CITY FL 34990**

**10. Name and Address of New Registered Agent**

81 Name <b>George T. Humphrey</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>2447 SW 13 Ter</b>	
83 City, State, Zip <b>Palm City, FL 34990</b>	
84 City <b>FL</b>	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 *Joseph Gitter* **JOSEPH GITTER** DATE **1-11-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>TSD</b>	<input type="checkbox"/> DELETE
NAME <b>EVERLY, DEBI</b>	
STREET ADDRESS <b>2926 SW SUNSET TRACE CIRCLE</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>JERRY GITTER</b>	
STREET ADDRESS <b>3883 SW OSPREY CREEK WAY</b>	
CITY-ST-ZIP <b>PALM CITY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DOUG GOETHEL</b>	
STREET ADDRESS <b>1804 SW GREGOR WAY</b>	
CITY-ST-ZIP <b>STUART FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>George T. Humphrey</b>	
1.3 STREET ADDRESS <b>2447 SW 13 Ter</b>	
1.4 CITY-ST-ZIP <b>Palm City, FL 34990</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 *Joseph Gitter* **JOSEPH GITTER** DATE **1-11-97**

CR2E037 (9/96)