

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 # 739622 (9)
1. Corporation Name
THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business Mailing Address
P.O. BOX 172 P.O. BOX 172
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 07/11/1977 | 3a. Date of Last Report 03/03/1995 |
| 4. FEI Number 59-1756723 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34748

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

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 checked="" type="checkbox"/> DELETE |
| NAME | SHAFFER, J. ALLEN | |
| STREET ADDRESS | 1219 OSCOLA AVENUE | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | TILLERY, WILLIAM | |
| STREET ADDRESS | 1922 S. FERN CIR | |
| CITY - ST - ZIP | LEESBURG FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | GAMBLE, BRIAN | |
| STREET ADDRESS | 837 BERRYHILL CIRCLE | |
| CITY - ST - ZIP | FRUITLAND PARK FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | KAUFFMAN, DAVID | |
| STREET ADDRESS | 1208 N. LEE ST. LOT 166 | |
| CITY - ST - ZIP | LEESBURG FL 34748 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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 | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | TILLERY, William |
| 2.3 STREET ADDRESS | 1922 S. Fern Circle |
| 2.4 CITY - ST - ZIP | Leesburg, FL 34748 |
| 3.1 TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | GAMBLE, Brian |
| 3.3 STREET ADDRESS | 837 Berryhill Circle |
| 3.4 CITY - ST - ZIP | Fruitland Park, FL 34731 |
| 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 | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | RICE, Kim |
| 5.3 STREET ADDRESS | 1221 Osceola Avenue |
| 5.4 CITY - ST - ZIP | Leesburg, FL 34748 |
| 6.1 TITLE | 200001894822 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | -07/16/96--01106--044 |
| 6.3 STREET ADDRESS | ***61.25 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 (352) 326-5229

DATE

Daytime Phone #

CR2E037 (12/95)