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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740957 (6)

1. Corporation Name

KORONA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

U.S. HWY. 1. STAR ROUTE
BOX 123
BUNNELL FL 32110

U.S. HWY. 1. STAR ROUTE
BOX 123
BUNNELL FL 32110

3. Date Incorporated or Qualified

12/06/1977

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDERSON, GORDON L.
107 SLOGANEER TRAIL
BUNNELL FL 32010**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE

P

NAME

PANAS, ELIZABETH A.

STREET ADDRESS

OLD DIXIE HWY

CITY-ST-ZIP

BUNNELL FL

TITLE

D

NAME

PANAS, HENRY E

STREET ADDRESS

OLD DIXIE HWY

CITY-ST-ZIP

BUNNELL, FL 00000

TITLE

~~TX~~ X

NAME

ANDERSON, SHIRLEY

STREET ADDRESS

107 SLOGANEER TRAIL

CITY-ST-ZIP

BUNNELL, FL 00000

TITLE

V

NAME

SCOTT, SCHALK

STREET ADDRESS

US HWY 1 S

CITY-ST-ZIP

BUNNELL, FL 00000

TITLE

S

NAME

RAY, SANDI

STREET ADDRESS

OLD DIXIE HWY

CITY-ST-ZIP

BUNNELL, FL 00000

TITLE

D

NAME

CRAWFORD, BRIAN

STREET ADDRESS

US HWY 1 SOUTH

CITY-ST-ZIP

BUNNELL FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Treasurer

David Zaslavsky

1 Clinton Ct, Palm Coast, FL 32137

Patti Crawford

5875 S Hwy 1, Box B5

Bunnell, Fl. 32110

Secretary

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:

David Zaslavsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)