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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BUNNELL FL

(6)

KORONA VOLUNTEER FIRE DEPARTMENT, INC.

• ·					
Principal Place	of Business	Mailing Address		1 100111 10011 01011 00110 10101 10111	ol alatt Erdit Arbit Arbit Alatt Erest 1991
I.S. HWY. 1. STAR ROUTE IOX 123 IJANELL FL 32110		U.S. HWY. 1. STAR ROUTE BOX 123 BUNNELL FL 32110-0123		,	
SUMMELL PL 321	10	DOMACEL 11 OFFICE		3. Date Incorporated or Qualified 12/06/1977	3a. Date of Last Report 05/01/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEt Number 59-2362361	Applied For
21		26		59 ⁻ 2362361	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Regulred
22 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25		30		Yes No
	9. Name and Address of Curre	nt Registered Agent	06 11	10. Name and Address of New Re	gistered Agent
			81 Name		as
ANDERSON, GORDON L.			82 Street Ac	dress (P.O. Box Number is Not Acceptat	ole)
107 SLOGANEER TRAIL BUNNELL FL 32010			83	OLD DIXIE H	ghway
BUNNELL	. FL 32010				
			84 City B	unnell	FL 85 Zip Code 32//0
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	the above-named co	prporation submits this statement for the p	ourpose of changing its registered
office or re agent, 1 ar	egistered agent, or both, in the State m tamiliar with, and accept the golic	e of Flatida. Such change was at pations of, Section 617,0503, Flo	uthorized by the corpo rida \$tatutes.	orporation submits this statement for the pration's board of directors. I hereby acce	ot the appointment as registered
SIGNATURE	Kaller to	1 Kinho)	Llizabet	h A. Panas 3	-20-97
	Shorture, typed a uninted hame of registered as		Registered Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEDS AND DIDECTORS IN 12
12.	D OFFICERS AF	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PANAS, ELIZABETH A.		1.2 NAME		
STREET ADDRESS	OLD DIXIE HWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		1.4 CiTY-ST-ZiP		
TITLE	Ď	☐ DELETE	2.1 TITLE		Change Addition
NAME	PANAS, HENRY E		2.2 NAME		
STREET ADDRESS	OLD DIXIE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 00000	No. cre	2.4 CITY-ST-ZIP	T	Change Addition
TITLE	DAVID TARVAVERY	DELETE	3.1 TITLE T,	Trenscrer melinda B. schal	K - 7
NAME	DAVUD ZASKAVSKY 1 CLINTON CT		3.2 NAME 3.3 STREET ADDRESS	PORK CHUL	5 Hiny 1, D.1
STREET ADDRESS	PALM COAST FL		3.4. CITY-ST-ZIP	Bunnell, FL 32110	
CITY-ST-ZIP TITLE	V	DELETE	4.1 TITLE		Change Addition
, ME	SCOTT, SCHALK		4. 2 NAME		
TREET ADDRESS	US HWY 1 S		4.3 STREFT ADDRESS		
TY+ST+ZIP	BUNNELL, FL 00000		4.4 CITY-ST-ZIP		
Ē	8	DELETE	5.1 TITLE		Change Addition
F.	PATTI CRAWFORD		5.2 NAME		
CESS	5875 S HWY 1 BOX B5		5.3 STREET ADDRESS		
1- ZIP	BUNNELL, FL 00000	DELETE	5.4 CITY-ST-ZIP		Change Addition
	D DAWEODD DDIAN	☐ DELETE	6.1 TITLE		E cuarific E vanition
	CRAWFORD, BRIAN US HWY 1 SOUTH		6.2 NAME		
ESS	ווטטטוו וזווו טט		6.3 STREET ADDRESS		

hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the mation 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 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 pars in Block 12 or Block 13 if changed, or on an attachment with an address. 2/21/97

March Out 2 1 Charles