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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741365** (1)

1. Corporation Name

PEDRO AREA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**16500 S.E. HWY. C-475
SUMMERFIELD FL 34491**

Mailing Address

**16500 S.E. HWY. C-475
SUMMERFIELD FL 34491**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified
01/17/1978

3a. Date of Last Report
05/24/1996

4. FEI Number

59-1797265

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

**DANN, THOMAS, W
15662 SE HWY 475
SUMMERFIELD FL 34491**

10. Name and Address of New Registered Agent

81 Name
Wilson, Carole

82 Street Address (P.O. Box Number is Not Acceptable)
11143 SE 66th Terrace

83

84 City
Bellevue

FL

85 Zip Code
34420

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

Carole Wilson

April 14, 1997
DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **CLIFFORD, J**
STREET ADDRESS **15980 SE 27TH AVE.**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **SD** ☒ DELETE
NAME **DANN, T.W.**
STREET ADDRESS **15662 S.E. C-475**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **TD** ☒ DELETE
NAME **BOWMAN, T**
STREET ADDRESS **1670 S.E. 178TH ST.**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **VPD** ☒ DELETE
NAME **WALTON, F.**
STREET ADDRESS **200 S.E. 155TH ST.**
CITY-ST-ZIP **SUMMERFIELD FL 33491**

TITLE **D** ☒ DELETE
NAME **ELLINGTON, W III**
STREET ADDRESS **1801 SE 155TH ST.**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Clifford, J**
1.3 STREET ADDRESS **15980 SE 27th Ave.**
1.4 CITY-ST-ZIP **Summerfield, FL 34491**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Hansen, F.**
2.3 STREET ADDRESS **16204 S. U.S. 301**
2.4 CITY-ST-ZIP **Summerfield, FL 34491**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Wilson, C**
3.3 STREET ADDRESS **11143 SE 66th Terrace**
3.4 CITY-ST-ZIP **Bellevue, FL 34420**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Johnson, Ed**
4.3 STREET ADDRESS **14851 SE 48th Court**
4.4 CITY-ST-ZIP **Summerfield, FL 34491**

5.1 TITLE **C** ☐ Change ☒ Addition
5.2 NAME **Swift, S**
5.3 STREET ADDRESS **1885 SE Hwy 42**
5.4 CITY-ST-ZIP **Summerfield, FL 34491**

6.1 TITLE **Tr** ☐ Change ☒ Addition
6.2 NAME **Wilson, J**
6.3 STREET ADDRESS **11143 SE 66th Terrace**
6.4 CITY-ST-ZIP **Bellevue, FL 34420**

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: *[Signature]* SIGNATURE REQUIRED 352-245-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14, 1997

Date

Daytime Phone # 0078749

CR2E037 (9/96)