

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

1996 3-29-96

CORPORATIONS

FILED

Mar 29 1996 8:00 am

Secretary of State

DOCUMENT # 741844

1. Corporation Name

GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPART  
MENT, INC.

Principal Place of Business

Mailing Address

RT. 4. LEM TURNER RD. @COUNTRY CL.RD.  
PO BOX 831  
CALLAHAN FL 32011

RT. 4. LEM TURNER RD. @COUNTRY CL.RD.  
PO BOX 831  
CALLAHAN FL 32011



3. Date Incorporated or Qualified

02/28/1978

3a. Date of Last Report

02/10/1995

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

4. FEI Number

59-2060054

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

10. Name and Address of New Registered Agent

TAYLOR, ROBERT W. JR.  
COUNTRY CLUB RD., LOT #9 NASSAU VILLAGE  
CALLAHAN FL 32011

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 in parentheses

(NOTE: Registered Agent Signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CONNELL, NORMAN  
STREET ADDRESS RT 3 BOX 1314 WOODRIDGE  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE T  
NAME COLTRANE, CATHY  
STREET ADDRESS RT 4 BOX 989 CHURCH RD  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE ST  
NAME ROBERTS, JOSEPHINE  
STREET ADDRESS ROUTE 4 BOX 10A N/A  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE ACD  
NAME ROBETS, JAMES  
STREET ADDRESS ROUTE 4 BOX 10A SHEFFIELD  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE VT  
NAME SAIN, ROGER  
STREET ADDRESS ROUTE 4 BOX 224 LEESTONE  
CITY-ST-ZIP CALLAHAN FL

☒ DELETE

TITLE CD  
NAME COLTRANE, REVIS  
STREET ADDRESS ROUTE 4 BOX 989 CHURCH RD.  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VT  
NAME Jason Murphy  
12 NAME  
13 STREET ADDRESS Rt 4 Box 259  
14 CITY-ST-ZIP Callahan FL

☐ Change

☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change

☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change

☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change

☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change

☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change

☐ Addition

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:

Revis Coltrane Revis Coltrane

3-20-96

904-879-1924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)