


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741844** (5)
1. Corporation Name

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

Principal Place of Business RT. 4, LEM TURNER RD., @COUNTRY CLRD. PO BOX 831 CALLAHAN FL 32011	Mailing Address RT. 4, LEM TURNER RD., @COUNTRY CLRD. PO BOX 831 CALLAHAN FL 32011-9211
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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		3. Date Incorporated or Qualified 02/28/1978	3a. Date of Last Report 03/29/1996
				4. FEI Number 59-2060054	Applied For Not Applicable
				5. Certificate of Status Desired <input checked="" 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	

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, NORMAN	1.2 NAME	
STREET ADDRESS	RT 3 BOX 1314 WOODRIDGE	1.3 STREET ADDRESS	5110 WOODRIDGE DR.
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTRANE, CATHY	2.2 NAME	
STREET ADDRESS	RT 4 BOX 989 CHURCH RD	2.3 STREET ADDRESS	4161 Church Rd.
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, JOSEPHINE	3.2 NAME	DEBRA M. HORTON
STREET ADDRESS	ROUTE 4 BOX 10A N/A	3.3 STREET ADDRESS	2720 SHEFFIELD Rd.
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	CALLAHAN, FL 32011
TITLE	ACD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JAMES	4.2 NAME	JAMES ROBERTS
STREET ADDRESS	ROUTE 4 BOX 10A SHEFFIELD	4.3 STREET ADDRESS	2536 SHEFFIELD Rd
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JASON	5.2 NAME	
STREET ADDRESS	RT 4 BOX 259	5.3 STREET ADDRESS	3588 Snyder Rd.
CITY-ST-ZIP	CALLAHAN FL	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTRANE, REVIS	6.2 NAME	
STREET ADDRESS	ROUTE 4 BOX 989 CHURCH RD.	6.3 STREET ADDRESS	4161 Church Rd.
CITY-ST-ZIP	CALLAHAN FL	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)