

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 747414 (1)

1. Corporation Name

LLOYD VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
COUNTY ROAD 158. JENCTION 59 COUNTY ROAD 158. JENCTION 59
P. O. BOX 201 P. O. BOX 201
LLOYD FL 32337 LLOYD FL 32337

3. Date Incorporated or Qualified 05/29/1979 3a. Date of Last Report 03/29/1995
4. FEI Number 59-2020189 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINRICH, JERRY
4503 LLOYD ACRES ROAD
P O BOX 421 N/A
LLOYD FL 32337

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	D WEINRICH, JERRY <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINRICH, JERRY	1.2 NAME	
STREET ADDRESS	PO BOX 421 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD FL	1.4 CITY-ST-ZIP	
TITLE	VD MOTTER, DIANE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTER, DIANE	2.2 NAME	
STREET ADDRESS	RT 4 BOX 4446-G N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLI FL	2.4 CITY-ST-ZIP	
TITLE	TD VANDERSLICE, SAMUEL <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDERSLICE, SAMUEL	3.2 NAME	
STREET ADDRESS	P.O. BOX 304 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD FL	3.4 CITY-ST-ZIP	
TITLE	SD HODGES, BETTY <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, BETTY	4.2 NAME	
STREET ADDRESS	RR 4 BOX 4574 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	FCD NAHOOM, PAUL J <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAHOOM, PAUL J	5.2 NAME	
STREET ADDRESS	P O BOX 85- LLOYD ROAD N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	LLOYD FL	5.4 CITY-ST-ZIP	
TITLE	PD BROWN, TERRY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TERRY	6.2 NAME	
STREET ADDRESS	RR 4 BOX 4505 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Samuel P. Vanderslice

2.14.96 904-997-3356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)