

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 # 747655 (9)  
1. Corporation Name  
THE MICCOSUKEE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address  
P. O. BOX 91030 P. O. BOX 91030  
MICCOSUKEE FL 32309 MICCOSUKEE FL 32309

3. Date Incorporated or Qualified 06/15/1979 3a. Date of Last Report 07/13/1995

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30  
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  
BUXTON, LARRY D  
RT 3, BOX 306B  
TALLAHASSEE FL 32308  
10. Name and Address of New Registered Agent  
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 '92  
TITLE D ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME BUXTON, LARRY D 1.2 NAME  
STREET ADDRESS RT 3 BOX 306B 1.3 STREET ADDRESS  
CITY-ST-ZIP TALLAHASSEE FL 1.4 CITY-ST-ZIP  
TITLE PD ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME FLEORKE, RICHARD 2.2 NAME  
STREET ADDRESS P O BOX 91030 N/A 2.3 STREET ADDRESS  
CITY-ST-ZIP MICCOSUKEE FL 2.4 CITY-ST-ZIP  
TITLE S ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition  
NAME DOUGHTERY, DWIGHT 3.2 NAME  
STREET ADDRESS P O BOX 91030 N/A 3.3 STREET ADDRESS  
CITY-ST-ZIP MICCOSUKEE FL 3.4 CITY-ST-ZIP  
TITLE T ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition  
NAME HALL, OSCAR S 4.2 NAME  
STREET ADDRESS P O BOX 91030 N/A 4.3 STREET ADDRESS  
CITY-ST-ZIP MICCOSUKEE FL 4.4 CITY-ST-ZIP  
TITLE CH ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition  
NAME BUXTON, LARRY 5.2 NAME  
STREET ADDRESS MOCCASAN GAP RD. 5.3 STREET ADDRESS  
CITY-ST-ZIP MICCOSUKEE FL 5.4 CITY-ST-ZIP  
TITLE D ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition  
NAME LEONARD HALL SR. 6.2 NAME  
STREET ADDRESS P.O.BOX 91030 N/A 6.3 STREET ADDRESS  
CITY-ST-ZIP MICCOSUKEE FL 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: Larry D. Buxton, Larry D. Buxton 5/1/96 668-0231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)