

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 # **749597** (1)
1. Corporation Name
SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.



Principal Place of Business: **602 LIGHTFOOT RD. WIMAUMA FL 33598**
Mailing Address: **602 LIGHTFOOT RD. WIMAUMA FL 33598**

3. Date Incorporated or Qualified: **10/31/1979**
3a. Date of Last Report: **04/26/1995**

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

4. FEI Number: **59-1983825**
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
**FERRIS GARRETT
602 LIGHTFOOT ROAD
WIMAUMA FL 33598**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWLING, ROBERT	1.2 NAME	BONNIE MCDOWELL
STREET ADDRESS	602 LIGHTFOOT RD	1.3 STREET ADDRESS	3323 RIDGE ROAD
CITY-ST-ZIP	WIMAUMA FL	1.4 CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETHERSTON, ISABELLE	2.2 NAME	ISABELLE FETHERSTON
STREET ADDRESS	1205 BUTCH CASSIDY TRAIL	2.3 STREET ADDRESS	WIMAUMA FL 33598
CITY-ST-ZIP	WIMAUMA FL	2.4 CITY-ST-ZIP	WIMAUMA FL 33598
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	FERRIS GARRETT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, GARRETT	3.2 NAME	FERRIS GARRETT
STREET ADDRESS	GARRETT, FERRIS	3.3 STREET ADDRESS	1225 BUTCH CASSIDY TRAIL
CITY-ST-ZIP	WIMAUMA FL	3.4 CITY-ST-ZIP	WIMAUMA, FL 33598
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUSEY, ROBERT	4.2 NAME	MARY FLOYD
STREET ADDRESS	2926 LONGRIFLE DRIVE	4.3 STREET ADDRESS	812 LIGHTFOOT ROAD
CITY-ST-ZIP	WIMAUMA FL	4.4 CITY-ST-ZIP	WIMAUMA FL 33598
TITLE	DS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EARLE, VAL	5.2 NAME	RALPH GREENLEE
STREET ADDRESS	1415 BUTCH CASSIDY TRAIL	5.3 STREET ADDRESS	2222 BUTCH CASSIDY TRAIL
CITY-ST-ZIP	WIMAUMA FL	5.4 CITY-ST-ZIP	WIMAUMA FL 33598
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: **4/24/96** (813) 276-8336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FERRIS GARRETT CAUSEY** Daytime Phone #

CR2E037 (12/95)