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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749971 (8)

1. Corporation Name

PACE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

181 MAJORS ST.
PACE FL 32571

Mailing Address

P.O. BOX 1082
PACE FL 32571

3. Date Incorporated or Qualified
11/29/1979

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **4541 MAJORS STREET**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 **PACE, FL 32571**

City & State

28 **PACE, FL 32571**

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLOW, JOHN
181 MAJORS ST.
P.O. BOX 1082
PACE FL 32571**

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 **JOHN BARLOW**

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 **P** ☐ DELETE

NAME **BARLOW, JOHN**
STREET ADDRESS **WOODBINE ROAD**
CITY-ST-ZIP **PACE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **S** ☐ DELETE

NAME **WADKINS, PAT**
STREET ADDRESS **4180 STEPHENS RD.**
CITY-ST-ZIP **PACE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **T** ☐ DELETE

NAME **THAMES, LISA**
STREET ADDRESS **ANGIE LANE**
CITY-ST-ZIP **PACE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE **TR** ☐ DELETE

NAME **WADKINS, CONNIE**
STREET ADDRESS **3965 E DIAMOND**
CITY-ST-ZIP **PACE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE **TR** ☐ DELETE

NAME **BROXTON, GENE**
STREET ADDRESS **COOLEY DRIVE**
CITY-ST-ZIP **PACE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE **V** ☐ DELETE

NAME **KELLY, MAC**
STREET ADDRESS **DORIS DRIVE**
CITY-ST-ZIP **PACE FL**

6.1 TITLE ☐ 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:

John H. Barlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)