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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
4541 MAJORS STREET PACE FL 32571 US	P.O. BOX 1062 PACE FL 32571-0062

3. Date Incorporated or Qualified: **11/29/1979**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 4541 MAJORS STREET
22 Suite, Apt. #, etc.
23 City & State: PACE, FL
24 Zip: 32571 25 Country: SANTA ROSA

2a. Mailing Address
26 P.O. BOX 1082
27 Suite, Apt. #, etc.
28 City & State: PACE, FL
29 Zip: 32571 30 Country: SANTA ROSA

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$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 XX No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: JOHN BARLOW
82 Street Address (P.O. Box Number Is Not Acceptable)
83: 4541 MAJORS STREET
84 City: PACE, FL 85 Zip Code: 32571

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BARLOW, JOHN		1.2 NAME		
STREET ADDRESS	WOODBINE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WADKINS, PAT		2.2 NAME		
STREET ADDRESS	4160 STEPHENS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	T	XX Change ☐ Addition
NAME	THAMES, LISA		3.2 NAME	TONY GENE BROXTON	
STREET ADDRESS	ANGIE LANE		3.3 STREET ADDRESS	4112 COOLEY DRIVE	
CITY-ST-ZIP	PACE FL		3.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WADKINS, CONNIE		4.2 NAME		
STREET ADDRESS	3965 E DIAMOND		4.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		4.4 CITY-ST-ZIP		
TITLE	TR	☐ DELETE	5.1 TITLE	TR	XX Change ☐ Addition
NAME	BROXTON, GENE		5.2 NAME	LISA GRIFFIS	
STREET ADDRESS	COOLEY DRIVE		5.3 STREET ADDRESS	ANGIE LANE	
CITY-ST-ZIP	PACE FL		5.4 CITY-ST-ZIP	PACE, FL 23571	
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLY, MAC		6.2 NAME		
STREET ADDRESS	DORIS DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

SIGNATURE: PAT WADKINS, SECRETARY 01/19/97 904-994-8536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074494