

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

FILED

Jan 31 1996 8:00 am

Secretary of State

DOCUMENT # **750233** (9)

1. Corporation Name

**CALLAHAN VOLUNTEER FIRE AND RESCUE DEPARTMENT, I
NC.**

Principal Place of Business

Mailing Address

P. O. BOX 581
CALLAHAN FL 32011

P. O. BOX 581
CALLAHAN FL 32011

3. Date Incorporated or Qualified
12/14/1979

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

59-6002273

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

10. Name and Address of New Registered Agent

**JOHNSON, DAVID R. DANNY
509 MICKLER ST.
CALLAHAN FL 32011**

81 Name

Johnson, David R. (Danny)

82 Street Address (P.O. Box Number is Not Acceptable)

406 Booth St.

83

84 City

Callahan

FL

85 Zip Code
32011

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WATTS, WILLIAM B
RT. 4 BOX 994, CHURCH RD.
CALLAHAN FL 32011** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
DOAN, RONALD P
RT. 4 BOX 74, LAWHON RD.
CALLAHAN FL 32011** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HORNE, GRACE
RT. 4 BOX 18, JENNELLE COURT
CALLAHAN FL 32011** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SAYRE, BETTY J
RT. 3 BOX 55, SANDY FORD RD.
CALLAHAN FL 32011** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEE, MITCHELL T
P.O. BOX 913 N/A, THOMAS STREET
CALLAHAN FL 32011** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUMPHREY, RICHARD A
RT. 2 BOX 18, CLEMONS RD.
CALLAHAN FL 32011** ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**V
Pumphrey, Richard A.
Rt. 2 Box 18 Clemmons Rd.
Callahan, Fl. 32011** ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
**TD
Watson, Patricia T.
Rt. 2 Box 18, Clemmons Rd.
Callahan, Fl 32011** ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
**D
Lindsey, Patsy
Rt1 Box 4062, Iris Rd.
Callahan Fl. 32011** ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**D
Doan, Ronald P
Rt. 4 Box 74, Lawhon Rd.
Callahan, Fl 32011** ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the safe harbor provisions of Section 617.0503(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:

Patricia T. Watson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
Date

(904)879-2223
Daytime Phone #

CR2E037 (12/95)