

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750233 (9)

1. Corporation Name

CALLAHAN VOLUNTEER FIRE AND RESCUE DEPARTMENT, I
NC.

Principal Place of Business

P. O. BOX 581
CALLAHAN FL 32011

Mailing Address

P. O. BOX 581
CALLAHAN FL 32011-05813. Date Incorporated or Qualified
12/14/19793a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

JOHNSON, DAVID R
406 BOOTH ST.
CALLAHAN FL 32011

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-6002273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

TITLE P
NAME WATTS, WILLIAM B
STREET ADDRESS RT. 4 BOX 994, CHURCH RD.
CITY-ST-ZIP CALLAHAN FL 32011TITLE V
NAME PUMPHREY, RICHARD A
STREET ADDRESS RT. 2, BOX 18 CLEMMONS RD.
CITY-ST-ZIP CALLAHAN FLTITLE S
NAME HORNE, GRACE
STREET ADDRESS RT. 4 BOX 18, JENNELLE COURT
CITY-ST-ZIP CALLAHAN FL 32011TITLE TD
NAME WATSON, PATRICIA T.
STREET ADDRESS RT. 2, BOX 18 CLEMMONS RD.
CITY-ST-ZIP CALLAHAN FLTITLE D
NAME LINDSEY, PATSY
STREET ADDRESS RT. 1, BOX 4062 IRIS RD.
CITY-ST-ZIP CALLAHAN FLTITLE D
NAME DOAN, RONALD P
STREET ADDRESS RT. 4, BOX 74, LAWHORN RD.
CITY-ST-ZIP CALLAHAN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME WATTS, WILLIAM B
1.3 STREET ADDRESS 4138 Church Rd
1.4 CITY-ST-ZIP CALLAHAN, FL 320112.1 TITLE V
2.2 NAME Pumphrey Alan
2.3 STREET ADDRESS 2087 Clemmons Rd
2.4 CITY-ST-ZIP CALLAHAN FL 320113.1 TITLE S
3.2 NAME HORNE, GRACE
3.3 STREET ADDRESS 3899 JENNELLE CT
3.4 CITY-ST-ZIP CALLAHAN FL 320114.1 TITLE TD
4.2 NAME WATSON PATRICIA T
4.3 STREET ADDRESS 2101 Clemmons Rd
4.4 CITY-ST-ZIP CALLAHAN FL 320115.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE D
6.2 NAME DOAN RONALD P
6.3 STREET ADDRESS 2785 LAWHORN Rd W
6.4 CITY-ST-ZIP CALLAHAN FL 32011

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: Patricia J. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97

(904) 246
853-4311 4473

CR2E037 (9/96)