

**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 # 750285 (9)  
1. Corporation Name

**BRADEN RIVER VOLUNTEER FIRE DEPARTMENT & RESCUE SQUAD, INC.**



Principal Place of Business: 803 60TH STREET CT EAST BRADENTON FL 34208  
Mailing Address: 803 60TH STREET CT EAST BRADENTON FL 34208

3. Date Incorporated or Qualified: 12/19/1979  
3a. Date of Last Report: 02/17/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2752010	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
LANGSTON KENNETH 2204 46TH ST. CT E. BRADENTON FL 34208		81. Name: STACEY BAILEY	82. Street Address (P.O. Box Number is Not Acceptable): 4442 MCINTOSH PARK DRIVE APT 110B	
		83.		
		84. City: Sarasota FL	85. Zip Code: 34232	

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: *Stacey Bailey* STACEY BAILEY PRESIDENT DATE: 1-18-96  
(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: PD	NAME: LANGSTON, KENNETH A	1.1 TITLE: P-D	1.2 NAME: STACEY BAILEY
STREET ADDRESS: 2204 46 STREET COURT E	CITY-ST-ZIP: BRADENTON FL	1.3 STREET ADDRESS: 4442 MCINTOSH PK. DR.	1.4 CITY-ST-ZIP: SARASOTA FL 34232
TITLE: VPD	NAME: MARCUM, JIM	2.1 TITLE: VP-D	2.2 NAME: RICK FINDLAY
STREET ADDRESS: 1914 2 AVENUE E	CITY-ST-ZIP: BRADENTON FL	2.3 STREET ADDRESS: 6504 OAK HAMMOCK DR.	2.4 CITY-ST-ZIP: BRADENTON FL 34208
TITLE: TD	NAME: DUNKUM, RICHARD B	3.1 TITLE: T-D	3.2 NAME: RICHARD DUNKUM
STREET ADDRESS: 2901 MOCCOSIN WALLAU ROAD	CITY-ST-ZIP: PALMETTO FL	3.3 STREET ADDRESS: 2901 MOCCOSIN WALLOW RD	3.4 CITY-ST-ZIP: PALMETTO FL 34221
TITLE: SD	NAME: DUGAN, DAWN	4.1 TITLE: S-D	4.2 NAME: DAWN DUNKUM
STREET ADDRESS: 2901 MOCCOSIN WALLAU ROAD	CITY-ST-ZIP: PALMETTO FL	4.3 STREET ADDRESS: 2901 MOCCOSIN WALLOW RD	4.4 CITY-ST-ZIP: PALMETTO, FL 34221
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS: 500001731575	5.4 CITY-ST-ZIP: -03/04/96--01126--019
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS: ***\$1.25	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: *Stacey Bailey* STACEY BAILEY DATE: 1-18-96 DAYTIME PHONE: 746-7675  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (12/95)