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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751565 (3)

1. Corporation Name

ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110-17293. Date Incorporated or Qualified
03/17/19803a. Date of Last Report
02/27/19964. FEI Number
59-2611831Applied For
Not Applicable5. 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWNING, MARY F.
1655 S. CHAFFEE RD.
JACKSONVILLE FL 32221

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HUFF, SUZIE	
STREET ADDRESS	21 LAURAI ST	
CITY - ST - ZIP	BUNNELL FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KEPPLER, JOHN JR	
STREET ADDRESS	3551 ARBOR AVE	
CITY - ST - ZIP	BUNNELL FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, MIKE	
STREET ADDRESS	3896 MAHOGANY	
CITY - ST - ZIP	BUNNELL FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANTORE, RALPH	
STREET ADDRESS	CR 305	
CITY - ST - ZIP	BUNNELL, FL 00000	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, JIM	
STREET ADDRESS	1917 GUAVA LN	
CITY - ST - ZIP	BUNNELL, FL 00000	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	COPSY, MICKIE	
STREET ADDRESS	#7 BIMINI LANE	
CITY - ST - ZIP	BUNNELL FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

Susan E. Huff Susan E. Huff

JAN. 14, 1997

904-437-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001813

CR2E037 (9/96)