

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 # 751582 (8)
1. Corporation Name
HAMMOCK COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business
**67 MALA COMPRA RD.
P.O. BOX 750
FLAGLER BEACH FL 32136**

Mailing Address
**67 MALA COMPRA RD.
P.O. BOX 750
FLAGLER BEACH FL 32136**

3. Date Incorporated or Qualified
03/18/1980

3a. Date of Last Report
02/07/1995

4. FEI Number
59-6000605

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

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**SCHATZ, JERRALD
5992 OCEANSHORE BLVD.
HAMMOCK FL 32137**

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

Jerald Schatz

April 15, 1996

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOUSER, CHEYENNE	
STREET ADDRESS	13 ARMAND BEACH	
CITY - ST - ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAYLER, WILLIAM	
STREET ADDRESS	32 CHEROKEE AVE.	
CITY - ST - ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	METTEE, HAL	
STREET ADDRESS	57 FLAGLER DR.	
CITY - ST - ZIP	PALM COAST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HADEED, ALBERT	
STREET ADDRESS	6 OCEAN VISTA LANE	
CITY - ST - ZIP	PALM COAST FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LANE, THERESA	
STREET ADDRESS	89 JOHNSON BEACH WAY	
CITY - ST - ZIP	PALM COAST FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANE, THERESA	
STREET ADDRESS	89 JOHNSON BEACH WAY	
CITY - ST - ZIP	PALM COAST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa L. Lane

April 15, 1996

Date

Daytime Phone #

CR2E037 (12/95)