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Feb 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
67 MALA COMPRA RD. 67 MALA COMPRA RD.
P.O. BOX 750 P.O. BOX 750
FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136-0750

3. Date Incorporated or Qualified 03/18/1980 3a. Date of Last Report 04/24/1996
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

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 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0802 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 *Jerrald Schatz* DATE Feb. 9, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME HOUSER, CHEYENNE
STREET ADDRESS 13 ARMAND BEACH
CITY-ST-ZIP PALM COAST FL
TITLE D ☐ DELETE
NAME CAYLER, WILLIAM
STREET ADDRESS 32 CHEROKEE AVE.
CITY-ST-ZIP PALM COAST FL
TITLE D ☐ DELETE
NAME METTEE, HAL
STREET ADDRESS 57 FLAGLER DR.
CITY-ST-ZIP PALM COAST FL
TITLE D ☐ DELETE
NAME HADEED, ALBERT
STREET ADDRESS 6 OCEAN VISTA LANE
CITY-ST-ZIP PALM COAST FL
TITLE VT ☐ DELETE
NAME LANE, THERESA
STREET ADDRESS 89 JOHNSON BEACH WAY
CITY-ST-ZIP PALM COAST FL
TITLE S ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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: *Theresa S. Lane* 2/9/97 (904) 446-6732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)