

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 # 752933 (2)

1. Corporation Name

SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED



Principal Place of Business

Mailing Address

12711 HWY. 77
SOUTHPORT FL 32409-8113
US

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SOUTHPORT FL 32409-8113
US

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 02/20/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-6000512	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REICH, CLAUDE E.
12643 HWY 77
SOUTHPORT FL 32409-5147

81 Name: Edith S. HOLMAN
82 Street Address (P.O. Box Number is Not Acceptable): 13816 Fiddlers Green Rd.
83
84 City: Southport FL 85 Zip Code: 32409

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: Edith S. HOLMAN, TREAS.

Edith S. Holman

DATE: 3-1-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	REICH, CLAUDE E.	
STREET ADDRESS	12643 HIGHWAY 77	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FLOYD, ERVIN E.	
STREET ADDRESS	315 BRIGGS LANE	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EARNEST, DANNY	
STREET ADDRESS	521 JOSEPH CIRCLE	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HELMS, DOUGLAS	
STREET ADDRESS	522 JOSEPH CIRCLE	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John A. WRIGHT	
1.3 STREET ADDRESS	803 VIRGINIA AVE.	
1.4 CITY-ST-ZIP	LYNN HAVEN, FL. 32444	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bobby L. BRAGG	
2.3 STREET ADDRESS	1104 SPIKES RD.	
2.4 CITY-ST-ZIP	SOUTHPORT, FL. 32409	
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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edith S. HOLMAN	
4.3 STREET ADDRESS	13816 Fiddlers Green Rd.	
4.4 CITY-ST-ZIP	SOUTHPORT, FL. 32409	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	900001 750-439	
5.4 CITY-ST-ZIP	-03/20/96--01013--020	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	***78.00	
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:

Edith S. Holman, Treas.

DATE: 3-1-96

(904) 265-9175
Daytime Phone #

P2E037 (12/95)