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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754095** (8)

1. Corporation Name

RED BAY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 10618 ROCK HILL ROAD RED BAY FL 32455 US	Mailing Address 10618 ROCK HILL ROAD RED BAY FL 32455-5115 US
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3. Date Incorporated or Qualified 09/09/1980	3a. Date of Last Report 03/20/1996
4. FEI Number 59-2329345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 RUSHING, TELLIS F. 7494 STATE HWY 81 SOUTH RED BAY FL 32455	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 617.0502 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 _____ (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	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THORNE, MICHAEL	1.2 NAME	Jeff msuay
STREET ADDRESS	7973 STATE HWY 81 SOUTH	1.3 STREET ADDRESS	9935 Rock Hill Rd.
CITY-ST-ZIP	RED BAY FL	1.4 CITY-ST-ZIP	Ponce de Leon FL 32455
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, TELLIS	2.2 NAME	
STREET ADDRESS	7494 STATE HWY 81 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, DENISE	3.2 NAME	
STREET ADDRESS	7958 STATE HWY 81 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FLORIDA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, MICHAEL	4.2 NAME	
STREET ADDRESS	7973 STATE HWY 81 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FLORIDA	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, A. G.	5.2 NAME	
STREET ADDRESS	9450 ROCK HILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, SONNY	6.2 NAME	
STREET ADDRESS	7958 STATE HWY 81 SOUTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FL	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: Denise Thorne **RECEIVED** Thorne 4/14/97 904-836-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0010283

CR2E037 (9/96)