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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755661 (6)

1. Corporation Name

HAMBURG-LOVETT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

ROUTE 3 - HIGHWAY #150 N  
GREENVILLE FL 32331

ROUTE 3 - HIGHWAY #150 N  
GREENVILLE FL 32331

3. Date Incorporated or Qualified  
12/23/1980

3a. Date of Last Report  
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-2896876

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVE, WILLIAM R  
214 1/2 S RANGE ST  
MADISON FL FL 32340

81 Name

82 Street Address (P.O. Box Number is Not Permitted)  
1821466  
-05/15/96--01008--0005

83 \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

TITLE ☐ DELETE

NAME  
STD  
DAY, BERTHA  
STREET ADDRESS  
RT 3-HIGHWAY #150 N  
CITY-ST-ZIP  
GREENVILLE, FL 00000

TITLE ☐ DELETE

NAME  
FC  
NORRIS, GERALD  
STREET ADDRESS  
RT 3-HIGHWAY #150 N  
CITY-ST-ZIP  
GREENVILLE, FL 00000

TITLE ☐ DELETE

NAME  
P  
BROOKS, PAUL M JR.  
STREET ADDRESS  
RT 3 BOX 134A  
CITY-ST-ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
D  
BROOKS, PAUL  
STREET ADDRESS  
RT., HIGHWAY #150N  
CITY-ST-ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
D  
LEWIS, AUBREY  
STREET ADDRESS  
RT.3 HWY 150 N  
CITY-ST-ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
D  
PFEIL, BEN  
STREET ADDRESS  
RT. 3 HWY 146  
CITY-ST-ZIP  
MADISON 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: Bertha Day Bertha Day  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-96  
Date

904-948-3751  
Daytime Phone #

CR2E037 (12/95)