

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 # 755719 (2)
1. Corporation Name

CHERRY LAKE VOLUNTEER FIRE RESCUE, INC.



Principal Place of Business
**RT 1 BOX 287
PINETTA FL 32350**

Mailing Address
**RT 1 BOX 287
PINETTA FL 32350**

3. Date Incorporated or Qualified
12/31/1980

3a. Date of Last Report
04/21/1995

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.

City & State
22

Zip
23

Country
25

9. Name and Address of Current Registered Agent

**BIERNACKI, THOMAS P.
RT. 3 BOX 435
MADISON FL 32340-9511**

4. FEI Number
59-2150220

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

10. Name and Address of New Registered Agent

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 Thomas P. Biernacki Secretary Thomas P. Biernacki 3/28/96
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, AL JR.	
STREET ADDRESS	RT. 3 BOX 140	
CITY-ST-ZIP	MADISON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GRAHAM, THOMAS	
STREET ADDRESS	RT. 3 BOX 1016	
CITY-ST-ZIP	MADISON FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BIERNACKI, THOMAS	
STREET ADDRESS	RT 3 BOX 435	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, RICH	
STREET ADDRESS	RT 3 BOX 350	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANDIES, CORKY	
STREET ADDRESS	RT. 3 BOX 49	
CITY-ST-ZIP	MADISON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, DANNY	
STREET ADDRESS	RT 1 BOX 32350	
CITY-ST-ZIP	PINETTA FL 32350	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	McDonald, Danny	
1.3 STREET ADDRESS	Rt 1 Box 286	
1.4 CITY-ST-ZIP	Pinetta, FL 32350	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fletcher, Jeff	
5.3 STREET ADDRESS	Rt 3 Box 498	
5.4 CITY-ST-ZIP	Madison, FL 32340	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Davis, Wally	
6.3 STREET ADDRESS	Rt 3 Box 130	
6.4 CITY-ST-ZIP	Madison, FL 32340	

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: Thomas P. Biernacki Thomas P. Biernacki 3/28/96 (904) 929-4136
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)