

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 # 756313 (3)
1. Corporation Name
CLAY COUNTY VOLUNTEER FIRE DEPARTMENT #23, INC.



Principal Place of Business
**5515 GILA STREET
P. O. BOX 1058
KEYSTONE HEIGHTS FL 32656**

Mailing Address
**5515 GILA STREET
P. O. BOX 1058
KEYSTONE HEIGHTS FL 32656**

2. Principal Place of Business
21 **6837 CR 315-C**
Suite, Apt. #, etc.
22
City & State
23 **KEYSTONE HGTS FL**
Zip
24 **32656** Country
25 **USA**

2a. Mailing Address
26 **P.O. BOX 1058**
Suite, Apt. #, etc.
27
City & State
28 **KEYSTONE HGTS FL**
Zip
29 **32656** Country
30 **USA**

3. Date Incorporated or Qualified
02/11/1981

3a. Date of Last Report
04/24/1995

4. FEI Number
00-2720020

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

**WANDA W. JOHNSON
5515 GILA ST.
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent

81 Name
MICHAEL SHAWN ZIKE

82 Street Address (P.O. Box Number is Not Acceptable)
4925 PANTHER TRAIL

83

84 City
KEYSTONE HEIGHTS FL 85 Zip Code
32656

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 *Michael Shawn Zike*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-2-96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WANDA W. JOHNSON	
STREET ADDRESS	5515 GILA ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EARL WEBB	
STREET ADDRESS	7477 CONECUM AVE.	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEBB, TERRI	
STREET ADDRESS	7477 CONECUM AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RIGGS, VICKI	
STREET ADDRESS	7310 MONTANA TRIAL	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRIEDENBAUGH, CLINT	
STREET ADDRESS	825 FOREST CIRCLE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JR	
STREET ADDRESS	5515 GILA STREET	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

11 TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MICHAEL SHAWN ZIKE	
13 STREET ADDRESS	P.O. BOX 1481 4925 PANTHER TRAIL	
14 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	TREASURER/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOHN H. JONES	
43 STREET ADDRESS	5542 LASSEN STREET	
44 CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Terri A. Webb* **TERRI A. WEBB** **3/4/96** **352-473-6753**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E037 (12/95)