


FILE NOW: FILING FEE IS \$61.25

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May 09 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 # 756313 (3)
1. Corporation Name
CLAY COUNTY VOLUNTEER FIRE DEPARTMENT #23, INC.



Principal Place of Business 6837 CR 315-C KEYSTONE HEIGHTS FL 32656	Mailing Address P.O. BOX 1058 KEYSTONE HEIGHTS FL 32656-1058 US
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3. Date Incorporated or Qualified 02/11/1981	3a. Date of Last Report 05/01/1996
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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

4. FEI Number 00-2720020	Applied For 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	

9. Name and Address of Current Registered Agent
**ZIKE, MICHAEL S
4925 PANTHER TRAIL
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent
**81 Name: JERRY OVERSTREET
82 Street Address (P.O. Box Number is Not Acceptable): 4710 M LAKE RD
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: *[Signature]* DATE: **1-23-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZIKE, MICHAEL S		1.2 NAME JERRY OVERSTREET	
STREET ADDRESS 4925 PANTHER TRAIL		1.3 STREET ADDRESS 4710 M LAKE RD	
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656		1.4 CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EARL WEBB		2.2 NAME	
STREET ADDRESS 7477 CONECUM AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP KEYSTONE HEIGHTS FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBB, TERRI		3.2 NAME	
STREET ADDRESS 7477 CONECUM AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP KEYSTONE HEIGHTS FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JONES, JOHN		4.2 NAME WANDA JOHNSON	
STREET ADDRESS 3542 LASSEN ST.		4.3 STREET ADDRESS 5015 GILA ST.	
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656		4.4 CITY-ST-ZIP KEYSTONE HGBTS, FL 32656	
TITLE VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIEDENBAUGH, CLINT		5.2 NAME JAMES MORSE	
STREET ADDRESS 825 FOREST CIRCLE		5.3 STREET ADDRESS 6006 HARVARD AVENUE	
CITY-ST-ZIP NEPTUNE BEACH FL		5.4 CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, JR		6.2 NAME	
STREET ADDRESS 5515 GILA STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP KEYSTONE HEIGHTS 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: *[Signature]* DATE: **1-21-97** TELEPHONE: **352-473-6753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)