

# 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 # 758996 (3)**

1. Corporation Name

**THE MADISON COUNTY VOLUNTEER FIREMAN, INC.**

Principal Place of Business

Mailing Address

116 SW DADE ST  
C/O RAYMOND PINKARD  
MADISON FL 32340  
US

116 SW DADE ST  
C/O RAYMOND PINKARD  
MADISON FL 32340  
US



3. Date incorporated or Qualified

**06/30/1981**

3a. Date of Last Report

**02/07/1995**

4. FEI Number

**59-2916292**

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUNTING, WILLIAM  
116 SW DADE ST  
MADISON FL 32340**

81 Name

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

83

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 **D**  
STONE, THOMAS E  
STREET ADDRESS **204 NW 2ND PL**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME **STD**  
PINKARD, RAYMOND  
STREET ADDRESS **415 SW HARRY STREET**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME **D**  
BAKER, RICHARD  
STREET ADDRESS **US 90 EAST**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME **D**  
EDWARDS, HOWELL  
STREET ADDRESS **901 SE BUNKER STREET**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME **D**  
BUNTING, WILLIAM  
STREET ADDRESS **103 2ND PLACE**  
CITY-ST-ZIP **MADISON FL**

TITLE ☐ DELETE

NAME **PD**  
WYNO, FRANK  
STREET ADDRESS **116 SW DADE ST**  
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

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:

*William M Bunting*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-24-46**

Date

**904 973 5075**

Daytime Phone #

CR2E037 (12/95)