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FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

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

Mailing Address

116 SW DADE ST  
C/O RAYMOND PINKARD  
MADISON FL 32340  
US3. Date Incorporated or Qualified  
06/30/19813a. Date of Last Report  
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number  
59-2916292Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BUNTING, WILLIAM  
116 SW DADE ST  
MADISON FL 32340

10. Name and Address of New Registered Agent

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 D ☐ DELETE  
NAME STONE, THOMAS E  
STREET ADDRESS 204 NW 2ND PL  
CITY-ST-ZIP MADISON FLTITLE STD ☐ DELETE  
NAME PINKARD, RAYMOND  
STREET ADDRESS 415 SW HARRY STREET  
CITY-ST-ZIP MADISON FLTITLE D ☐ DELETE  
NAME BAKER, RICHARD  
STREET ADDRESS US 90 EAST  
CITY-ST-ZIP MADISON FLTITLE D ☐ DELETE  
NAME EDWARDS, HOWELL  
STREET ADDRESS 901 SE BUNKER STREET  
CITY-ST-ZIP MADISON FLTITLE D ☐ DELETE  
NAME BUNTING, WILLIAM  
STREET ADDRESS 103 2ND PLACE  
CITY-ST-ZIP MADISON FLTITLE PD ☐ DELETE  
NAME 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-ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076788

CR2E037 (9/96)