

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759050 (8)

1. Corporation Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038
US

Mailing Address

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038-9689
US3. Date Incorporated or Qualified
07/07/19813a. Date of Last Report
06/03/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2918788

Applied 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

10. Name and Address of New Registered Agent

HUDSON, Z E
S. BRYANT ST.
FORT WHITE FL 32038

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME KOON, W. D.
STREET ADDRESS HWY 47 NORTH
CITY-ST-ZIP FT WHITE, FL 0TITLE V ☐ DELETENAME O'STEEN L.
STREET ADDRESS C-138
CITY-ST-ZIP FT WHITE, FL 0TITLE P ☐ DELETENAME HUDSON, Z E
STREET ADDRESS S BRYANT ST, PO 12
CITY-ST-ZIP FT WHITE, FL 00000TITLE D ☐ DELETENAME BRADLEY, JOE F.
STREET ADDRESS BOX 114 SR 47 & US HWY27
CITY-ST-ZIP FT WHITE, FL 0TITLE ST ☐ DELETENAME TERRY, EARL
STREET ADDRESS RT 2 BOX 249 N/A
CITY-ST-ZIP FT WHITE FLTITLE D ☐ DELETENAME WHITLEY, WILLIAM E.
STREET ADDRESS RT 2 BOX 945 N/A
CITY-ST-ZIP HIGH SPRINGS FL1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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:

Z. Edmund Hudson Z. Edmund Hudson

2/22/97

904/497-3345

CR2E037 (9/96)