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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759356 (9)

1. Corporation Name

SEBRING AIRPORT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

**233 CHALLENGER DRIVE
SEBRING FL 33870**

Mailing Address

**233 CHALLENGER DRIVE
SEBRING FL 33870**

3. Date Incorporated or Qualified

07/28/1981

3a. Date of Last Report

07/21/1995

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

**GERALD C. MARTIN
233 CHALLENGER DR
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81

Name

CARYN M. Adams

82

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

4819 Sixth Str.

83

84

City

Sebring

FL

85

Zip Code

33870

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]

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D THOMAS HIGGINS
2227 SPARROW DR
SEBRING FL 33870**

TITLE ☒ DELETE

**D DAVID EWERS
216 DEWAYNE PALMER BLVD
SEBRING FL**

TITLE ☐ DELETE

**T ADAMS, CARYN M.
4819 6TH ST
SEBRING FL**

TITLE ☐ DELETE

**SAA BERRY, THOMAS
4516 MINERVA ST
SEBRING FL**

TITLE ☐ DELETE

**T MARTIN, GERALD C., SR.
601 MAGNOLIA AVE
SEBRING FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**Thomas Higgins
2227 Sparrow Dr.
Sebring, FL 33870**

**T CARYN, M. Adams
4819 Sixth Str.
Sebring, FL 33870**

**T Gerald C. Martin Sr.
601 Magnolia Ave.
Sebring, FL 33871**

**S Thomas Berry
4516 Minerva Str.
Sebring, FL 33870**

**T Gary J. Adams
4819 Sixth Str.
Sebring, FL 33870**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96
Date

(941) 655-6454
Daytime Phone #

CR2E037 (12/95)