FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 759356

(9)

SEBRIN	IG AIRPURT VOLUNTEER	FIRE DEPARTMENT, IN	U.		
Principal Place of Business		Mailing Address		0 100111 90001 BEELD (8100 11101 BILL)	TIEL GIBU GIBU GIBU BIBU BIĞU BIĞU BIBU UBBI
233 CHALLENGER DRIVE SEBRING FL 33870		233 CHALLENGER DRIVE SEBRING FL 33870			
				3. Date Incorporated or Qualified 07/28/1981	3a. Date of Last Report 07/21/1995
_2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1173009	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		Country	Trust Fund Contribution	Added to Fees
24	25	29 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,] Yes [] No
5.2.L	9. Name and Address of Curi		1001	10. Name and Address of New Re	
			81 Name	O A	· · · · · · · · · · · · · · · · · · ·
GERALD	C. MARTIN		OD Christ	CARYN M. Ada. Addrigss (P.O. Box Number is Not Acceptable	rn S
233 CHALLENGER DR				Address (P.O. Box Number is Not Acceptable	a)
	FL 33870		83		
			84 City		
			1 City S	ebring	FL 85 3 3 7 7 7
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes	s, the above named co	propration submits this statement for the pure	pose of changing its registered office.
or register familiar wit	ed agent, or both, in the State of Fi th, and accept the obligations of, Se	orida. Such change was authorize ection 617:0503, Florida Statutes.	d by the corporation's	board of directors. I hereby accept the appoint	intment as registered agent. I am
SIGNATURE .	(CARTITIZA	alans		4	-1-96
(Signature, typed of printed name of registered as		E. Registered Agent's gnature in		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TILE	D TUOMAS DISCOIDS	DEFELE	1 1 TITLE	D	
NAME	THOMAS HIGGINS		1.2 NAME	Thomas Higging	Dr.
STREET ADDRESS	2227 SPARROW DR		13 STREET ADDRESS		7/1
CITY-ST-ZIP TITLE	SEBRING FL 33870 D	DELETE	14 CrTY-ST-ZIP 21 TrTLF	sebring, Fl. 338	Change Addition
NAME	DAVID EWERS	(M) DECETE		gazus m Ada a	_ , _
STREET ADDRESS	216 DEWAYNE PALMER BL	<i>I</i> n	2.2 NAME	caryn, M. Adams	>
CITY-ST-ZIP	SEBRING FL	10	2 3 STREET ADDRESS	4819 SIXHL STE	' ΨΛ
TILE	T	□ DELE1E	2 4 CITY - ST - ZIP 3 1 TITLE	26 plind 1 Fl. 228	Change Addition
NAME	ADAMS, CARYN M.		3 2 NAME	Gerald C. Mart	1 ~ 7 C
STREET ADDRESS	4819 6TH ST		3 3 STREET ADDRESS	601 magnolia A	ωé.
CITY - ST - ZIP	SEBRING FL		3.4 CHTY - ST - ZIP	Sebring Fl. 3	3871
TPLE	SAA	DELETE	4.1 TITLE	5	☐ Change ☐ Addition
NAME .	BERRY, THOMAS		4. 2 NAME	Thomas Berry	
STREET ADDRESS	4516 MINERVA ST		4.3 STREET ADDRESS	4516 minerua S	tr.
CHTY-ST-ZIP	SEBRING FL		4.4 CITY - ST - 7IP	Jebring Fl. 338	70
THLE	T	DELETE	5 1 TITLE	4516 minerua si Sebring, Fl. 338 Gary J. Adams 4819 sixth Str. Sebring, Fl. 338	☐ Change ☐ Addition
NAME	MARTIN, GERALD C., SR.		5.2 NAME	Gary 5. Marins	
STREET ADDRESS	601 MAGNOLIA AVE		5.3 STREET ADDRESS	48 14 SIXH STI	クフル
CHY-ST-ZIP	SEBRING FL	E Dr. Ly	54 CHY-ST-ZIP	Sebring, Fl 338	570
TPLF		DELETE	0 1 11116	J .	Change Addition
NAME			62 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP	v certify that the information supplie	d with this filing is valentarily furnic	64 CHY-ST-ZIP	lify for the exemption stated in Section 119.0	7/31/W Florida Statistica I forther
certify that	y deciny that the information supplie the information indicated on this ar	a wiar tris ning is voluntarily furnis nual report or supplemental annua	are and does not qua al report is true and ac	ally for the exemption stated in Section 119,0 curate and that my signature shall have the s	τισιμή, Fiorida Statutes. I further ame legal effect as if made under

oath; that I am an officer or director of the corporation or the receiver or trustee empoyeded 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: