

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 # 760090 (1)
1. Corporation Name
DEEP CREEK VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
US 441 NORTH
P O BOX 126
LAKE CITY FL 32056
US 441 NORTH
P O BOX 126
LAKE CITY FL 32056

3. Date Incorporated or Qualified 09/18/1981
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
21 US 441 N 26 Rt 1 Box 152-A2
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 Lake city FL 28 Lake city FL
Zip Country Zip Country
24 32055 25 Columbia 29 32055 30 Columbia

4. FEI Number 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

9. Name and Address of Current Registered Agent
DISBROW, MURIEL G.
GREEN CEMETARY CIRCLE, P.O. BOX 126
LAKE CITY FL 32056

10. Name and Address of New Registered Agent
81 Name Sherrie G. Thomas
82 Street Address (P.O. Box Number is Not Acceptable) Rt 1 Box 152-A2
83
84 City Lake city FL 85 Zip Code 32055

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 Sherrie G. Thomas April 24 1996
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ST ☒ DELETE
NAME DISBROW, MURIEL
STREET ADDRESS GREEN CEMETARY CRCL.
CITY-ST-ZIP LAKE CITY, FL 00000
TITLE P ☐ DELETE
NAME BROWN, WILLIAM
STREET ADDRESS RT 1 BOX 161
CITY-ST-ZIP LAKE CITY, FL 00000
TITLE V ☒ DELETE
NAME WHITE, STEVE
STREET ADDRESS RT 1 BOX 194
CITY-ST-ZIP LAKE CITY FL
TITLE D ☐ DELETE
NAME THOMAS, JOHNNY
STREET ADDRESS RT 1 BOX 159J
CITY-ST-ZIP LAKE CITY FL
TITLE D ☒ DELETE
NAME BROWN, WILLIAM
STREET ADDRESS RTE. 1, BOX 161
CITY-ST-ZIP LAKE CITY, FL 00000
TITLE D ☐ DELETE
NAME WHITE, ROGER
STREET ADDRESS RT 1 BOX 194
CITY-ST-ZIP LAKE CITY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ST ☒ Change ☐ Addition
1.2 NAME Sherrie G. Thomas
1.3 STREET ADDRESS Rt 1 Box 152-A2 US 441 N
1.4 CITY-ST-ZIP LAKE CITY FL 32055
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME J. Arness Thomas
3.3 STREET ADDRESS Rt 1 Box 152-A2 US 441 N
3.4 CITY-ST-ZIP LAKE CITY FL 32055
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Justin L. Thomas
5.3 STREET ADDRESS Rt 1 Box 153 US 441 N
5.4 CITY-ST-ZIP LAKE CITY FL 32055
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 000001799510
6.3 STREET ADDRESS -04/29/96--01030--032
6.4 CITY-ST-ZIP ***61.25

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: Sherrie G. Thomas 4-2-96 758-1077 WK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 758-5841 Hm

CR2E037 (12/95)