

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761211

(2)

1. Corporation Name

SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORPORATED

Principal Place of Business

Mailing Address

C/O CARLTON DAVIS  
U S 90 P O BOX 244  
SANDERSON FL 32087C/O CARLTON DAVIS  
U S 90 P O BOX 244  
SANDERSON FL 32087-02443. Date Incorporated or Qualified  
12/23/19813a. Date of Last Report  
04/09/19964. FEI Number  
59-2364659Applied For  
Not Applicable5. 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

DAVIS (CARLTON)  
U.S. 90, P.O. BOX 244  
SANDERSON FL 32807

## 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 PD ☐ DELETE  
NAME DAVIS, CARLTON  
STREET ADDRESS P O BOX 244 N/A  
CITY-ST-ZIP SANDERSON FLTITLE VD ☐ DELETE  
NAME HODGES, GARY  
STREET ADDRESS RT. 1 BOX 3100  
CITY-ST-ZIP GLEN ST. MARY FLTITLE VD ☐ DELETE  
NAME BAGLIN, ROBERT  
STREET ADDRESS P O BOX 112 N/A  
CITY-ST-ZIP SANDERSON FLTITLE SD ☐ DELETE  
NAME DAVIS, RONALD C.  
STREET ADDRESS RT. 1 BOX 236  
CITY-ST-ZIP SANDERSON FLTITLE TD ☐ DELETE  
NAME JACOBS, WILLIAM  
STREET ADDRESS RT. 1 BOX 3260  
CITY-ST-ZIP GLEN ST. MARY FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 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: *Ronald C. Davis* *Ronald C. Davis*

3-3-97

904-275-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001783

CR2E037 (9/96)