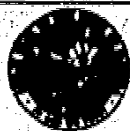


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 18 PM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762373 (9)

1. Corporation Name

DORCAS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

5871 HWY 393
CRESTVIEW FL 32536
US

5871 HWY 393
CRESTVIEW FL 32536
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/10/1982

3a. Date of Last Report
04/27/1994

4. FEI Number
59-2367539

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip
32539

Country

29 Zip
32539

30 Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

ROGER MCCALLUM
ROUTE 1 BOX 88
CRESTVIEW FL 32536

10. Name and Address of New Registered Agent

81 Name **DANIEL J. BOWDEN**
82 Street Address (P.O. Box Number is Not Acceptable)
4343 JACK POWELL ROAD
83
84 City **CRESTVIEW** FL 85 Zip Code **32539**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Daniel Bowden*

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

Daniel J. Bowden

(NOTE: Registered Agent signature required when reappointing)

4/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOWDEN, DANIEL J
STREET ADDRESS	4343 JACK POWELL RD
CITY-ST-ZIP	CRESTVIEW FL
TITLE	VP
NAME	GOLDEN, REX
STREET ADDRESS	3989 BEAR HEAD RD
CITY-ST-ZIP	CRESTVIEW FL
TITLE	T
NAME	SIDERS, EDWINA M.
STREET ADDRESS	4472 TICK HAVEN LN
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	DUNN, DAVID
STREET ADDRESS	4253 PAINTER BRANCH RD
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	ADAMS, DEBBIE
STREET ADDRESS	ROUTE 1, BOX 126
CITY-ST-ZIP	CRESTVIEW FL
TITLE	D
NAME	STEWART, DARRELL
STREET ADDRESS	ROUTE 1, BOX 423
CITY-ST-ZIP	CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V P
2.3 STREET ADDRESS	GEORGE COLE
2.4 CITY-ST-ZIP	4351 JACK POWELL ROAD CRESTVIEW, FL 32539
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	BRUCE RUSHING
4.4 CITY-ST-ZIP	4295 Rebecca Road CRESTVIEW, FL 32539
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	LOUIS GERMAIN
5.4 CITY-ST-ZIP	4469 TICK HAVEN LN CRESTVIEW, FL 32539
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	DANIEL JURCZKI
6.4 CITY-ST-ZIP	5612 MOUNT OLIVE ROAD CRESTVIEW, FL 32539

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: *Daniel J. Bowden* **DANIEL J. BOWDEN** 4/12/95 (904) 682-6132

SIGNATURE AS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #