

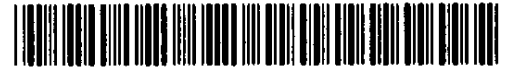
FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762373 (9)
1. Corporation Name
DORCAS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business: **5871 HWY 393, CRESTVIEW FL 32539, US**
Mailing Address: **5871 HWY 393, CRESTVIEW FL 32539, US**

3. Date Incorporated or Qualified: **03/10/1982**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2367539**
Applied For: 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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **DANIEL J BOWDEN, 4343 JACK POWELL RD, CRESTVIEW FL 32539**
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWDEN, DANIEL J	1.2 NAME	
STREET ADDRESS	4343 JACK POWELL RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, GEORGE	2.2 NAME	
STREET ADDRESS	4351 JACK POWELL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDERS, EDWINA M.	3.2 NAME	T
STREET ADDRESS	4472 TICK HAVEN LN	3.3 STREET ADDRESS	Janelle Berry
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	4479 Old Dorcas Rd.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, BRUCE	4.2 NAME	
STREET ADDRESS	4295 REBECCA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN, LOUIS	5.2 NAME	
STREET ADDRESS	4469 TICK HAVEN LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURECZKI, DANIEL	6.2 NAME	
STREET ADDRESS	5612 MOUNT OLIVE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	6.4 CITY-ST-ZIP	

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 3-26-96 (904) 682-6132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)