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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # 762373 (9)
1. Corporation Name
DORGAS VOLUNTEER FIRE DEPARTMENT, INC. name changed
DORGAS FIRE DISTRICT, INC. 2-17-97



Principal Place of Business Mailing Address
5871 HWY 393 CRESTVIEW FL 32539 US
5871 HWY 393 CRESTVIEW FL 32539-8246 US

3. Date Incorporated or Qualified 03/10/1982
3a. Date of Last Report 04/10/1996
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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 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 CHARLES D WARD
82 Street Address (P.O. Box Number is Not Acceptable) 4171 LAKEVIEW DR
83
84 City CRESTVIEW FL 85 Zip Code 32539

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 Charles D Ward DATE 2/11/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BOWDEN, DANIEL J	
STREET ADDRESS	4343 JACK POWELL RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COLE, GEORGE	
STREET ADDRESS	4351 JACK POWELL RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BERRY, VENELLE	
STREET ADDRESS	4478 OLD DORGAS RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSHING, BRUCE	
STREET ADDRESS	4205 REBECCA RD	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERMAN, LOUIS	
STREET ADDRESS	4469 TICK HAVEN LANE	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JURECZKI, DANIEL	
STREET ADDRESS	5612 MOUNT OLIVE RD	
CITY-ST-ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARD, CHARLES D	
1.3 STREET ADDRESS	4171 LAKEVIEW DR	
1.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
2.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CALLAHAN, ROBERT C	
2.3 STREET ADDRESS	5560 M T OLIVE RD	
2.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CRENS, CURTIS E	
3.3 STREET ADDRESS	4017 BEAR CREEK RD	
3.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOWDEN, DANIEL J	
4.3 STREET ADDRESS	4343 JACK POWELL RD	
4.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
5.1 TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DETTLOFF, FRANK K	
5.3 STREET ADDRESS	5631 MT OLIVE RD	
5.4 CITY-ST-ZIP	CRESTVIEW, FL 32539	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8000023573284	
6.3 STREET ADDRESS	-11/26/97-01005-01/00	
6.4 CITY-ST-ZIP	*****61.25 *****61.25	

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.

CR2E037 (9/96)