

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

99 MAR -2 PM 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 762373

1. Corporation Name DORCAS FIRE DISTRICT, INC.

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



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 03/10/1982 | |
| 22 | City & State | 27 | City & State | 4. FEI Number | Applied For |
| 23 | Zip | 28 | Zip | 59-2367539 | Not Applicable |
| 24 | Country | 29 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | | 30 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WARD, CHARLES D 4171 LAKEVIEW DRIVE CRESTVIEW FL 32539 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | 600002796826-6 | | |
| | | | | 84 | City | | |

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 | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|--|--|---|-----------------------|--|-----------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | C | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | WARD, CHARLES D | | | 1.2 NAME | Ward, Charles D. | | |
| STREET ADDRESS | 4171 LAKEVIEW DR | | | 1.3 STREET ADDRESS | 4171 Lakeview Dr. | | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | | | 1.4 CITY-ST-ZIP | CRESTVIEW Fla. 32539 | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | T | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CALLAHAN, ROBERT C | | | 2.2 NAME | McCallum, Robert | | |
| STREET ADDRESS | 5560 MT OLIVE RD | | | 2.3 STREET ADDRESS | 5577 Highway 373 | | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | | | 2.4 CITY-ST-ZIP | CRESTVIEW, FLA. 32539 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | T | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CREWS, CURTIS E | | | 3.2 NAME | Crews Curtis E. | | |
| STREET ADDRESS | 4017 BEAR CREEK RD | | | 3.3 STREET ADDRESS | 4017 Bear Creek Rd | | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | | | 3.4 CITY-ST-ZIP | CRESTVIEW FLA. 32539 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | S | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BOWDEN, DANIEL J | | | 4.2 NAME | Bowden, Daniel J | | |
| STREET ADDRESS | 4343 JACK POWELL RD | | | 4.3 STREET ADDRESS | 4343 Jack Powell Rd. | | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | | | 4.4 CITY-ST-ZIP | CRESTVIEW FLA 32539 | | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DETTLOFF, FRANK R | | | 5.2 NAME | | | |
| STREET ADDRESS | 5631 MT OLIVE RD | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CRESTVIEW FL 32539 | | | 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 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, with all other like empowered.

SIGNATURE: Charles D. Ward (Signature) Charles D. Ward (Typed Name) 3/1/99 (Date) (850)682-5617 (Daytime Phone #)

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