

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 764361 (2)**  
1. Corporation Name  
**THE ENSLEY FIRE DEPARTMENT, INCORPORATED**



Principal Place of Business  
**8634 PENSACOLA BLVD.  
PENSACOLA FL 32534-3326  
US**

Mailing Address  
**PO BOX 7071  
PENSACOLA FL 32534-3326  
US**

3. Date Incorporated or Qualified  
**07/29/1982**

3a. Date of Last Report  
**03/13/1995**

4. FEI Number  
**59-2455236**

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

**SLOVER, DAVID M.  
10750 TARA-DAWN CIR.  
PENSACOLA FL 32514**

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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	CD	<input type="checkbox"/> DELETE
NAME	SLOVER, D. M.	
STREET ADDRESS	10750 TARA-DAWN CIR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JORDAN, WILLIAM F.	
STREET ADDRESS	207 ETNA ST	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DREXLER, DANA	
STREET ADDRESS	2621 BROOME CIR	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BECKMAN, W. E.	
STREET ADDRESS	431 KELSON	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEITENBERGER, LOUIS C.	
STREET ADDRESS	3310 EAGLE DR	
CITY - ST - ZIP	CANTONMENT FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JON P.	
STREET ADDRESS	8385 LAWTON ST.	
CITY - ST - ZIP	PENSACOLA FL	

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

*Dana P. Drexler*

**DANA P. DREXLER**

1/25/96

904-476-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)