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Jan 29 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32534-0071
US



3. Date Incorporated or Qualified
07/29/1982

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 *D. M. Slover*

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

(NOTE: Registered Agent signature required when reinstating)

4/7/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME SLOVER, D. M.
STREET ADDRESS 10750 TARA-DAWN CIR.
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME JORDAN, WILLIAM F.
STREET ADDRESS 207 ETTA ST
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME DREXLER, DANA
STREET ADDRESS 2821 BROOME CIR
CITY-ST-ZIP CANTONMENT FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME BECKMAN, W. E.
STREET ADDRESS 431 KELSON
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME LEITENBERGER, LOUIS C.
STREET ADDRESS 3310 EAGLE DR
CITY-ST-ZIP CANTONMENT FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME V.D.
5.3 STREET ADDRESS HATH, CHRISTOPHER
5.4 CITY-ST-ZIP 1311 EAGLE DR
CANTONMENT FL 32533

TITLE TD ☐ DELETE
NAME WILLIAMS, JON P.
STREET ADDRESS 8385 LAWTON ST.
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE *D. M. Slover* 4/7/97 9:16 478-1927

CR2E037 (9/96)