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Feb 13 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 # 765547 (5)  
1. Corporation Name  
FT. MCCOY/EUREKA VOLUNTEER FIRE AUXILIARY, INC.



Principal Place of Business Mailing Address  
FT MCCOY EUREKA VOL. FIRE AUXILIARY  
13150 E HWY 316  
FT MCCOY FL 32134  
US

3. Date Incorporated or Qualified 10/26/1982 3a. Date of Last Report 02/14/1996  
4. FEI Number 26-2442619 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 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent

WILLIAMS, JOANN, W  
15055 NE 144TH ST  
FT MCCOY FL 32134

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 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 VTD  
NAME GREER, RUBY  
STREET ADDRESS 6530 SW 155 ST  
CITY-ST-ZIP DUNNELLON FL  
TITLE D  
NAME COX, JOE ANN  
STREET ADDRESS 15054 NE 144ST  
CITY-ST-ZIP FT. MCCOY FL  
TITLE PS  
NAME WILLIAMS, JOANN W.  
STREET ADDRESS 15055 N.E. 144TH STREET  
CITY-ST-ZIP FT. MCCOY FL  
TITLE D  
NAME GOLDBECKER, JUNE  
STREET ADDRESS 15150 NE 144TH LANE  
CITY-ST-ZIP FT MCCOY FL  
TITLE D  
NAME CAMPBELL, ELSIE M  
STREET ADDRESS 15071 NE 143 ST  
CITY-ST-ZIP FT MCCOY FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE D  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

CARLIE, EOITH  
6303 'NE 148TH TERRACE ROAD  
FT MCCOY, FLORIDA 32134

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: X [Signature] Jan 16/96 352-2364484  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 80002728

CR2E037 (9/96)