

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 # 766117 (6)
1. Corporation Name
DUETTE VOLUNTEER FIRE/RESCUE DEPARTMENT, INC.



Principal Place of Business Mailing Address
ARTMENT, INC.
% RT 2 BOX 86-1A
BOWLING GREEN FL 33834

3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business 21 34010 - SR 62 Suite, Apt. #, etc. 22	2a. Mailing Address 26 34010 - SR 62 Suite, Apt. #, etc. 27	4. FEI Number 59-2964858	Applied For Not Applicable
City & State 23 Duette, Florida	City & State 28 Duette, Florida	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33834	Country 25 manatee	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State 29 33834	Country 30 manatee	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WALKER, DAVID L
33050 TAYLOR GRADE RD
BOWLING GREEN FL 33834

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 available)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ROBINSON, CHARLES 34200 HWY 62 BOWLING GREEN FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WALKER, DAVID 33050 TAYLOR GRADE RD DUETTE FL 33834	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEWART, PAUL 11075 TAYLOR GRADE ROAD BOWLING GREEN FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WURSTET, TOM 1992 ORANGE AVE LL LOOP WIMAUMA FL	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KEEN, DONNA L. 8103 KENN CEMETARY ROAD BOWLING GREEN FL	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'CONNOR, JOHN 11075 TAYLOR GRADE ROAD BOWLING GREEN FL	<input type="checkbox"/> DELETE	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	VP KEVIN TUTTLE 45055 - HWY 62 Duette, Fla. 33834	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	Wade Tappan 30902 - Taylor Grade Rd. Duette, Fla. 33834	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	Jim Leonard 31580 HWY 62 Duette, Fla. 33834	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

David L. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96
Date

941-776-2130
Daytime Phone #

CR2E037 (12/95)