

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766117** (6)
1. Corporation Name
DUETTE VOLUNTEER FIRE/RESCUE DEPARTMENT, INC.



Principal Place of Business
**34010-SR 62
DUETTE FL 33434
US**

Mailing Address
**3401-SR 62
DUETTE FL 33634
US**

3. Date Incorporated or Qualified **12/14/1982** 3a. Date of Last Report **02/05/1996**

2. Principal Place of Business
21 **34010 SR 62**
Suite, Apt. #, etc.
22
City & State
23 **Duette, Fla.**
Zip
24 **33834** Country
25 **Manatee**

2a. Mailing Address
26 **34010-SR 62**
Suite, Apt. #, etc.
27 **Duette, Fla.**
City & State
28 **33834 Manatee**
Zip
29 Country
30

4. FEI Number **59-2964858** 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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	TUTTLE, KEVIN	
STREET ADDRESS	45055-HWY 62	
CITY-ST-ZIP	DUETTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WALKER, DAVID	
STREET ADDRESS	33050 TAYLOR GRADE RD	
CITY-ST-ZIP	DUETTE FL 33834	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TAPPAN, WADE	
STREET ADDRESS	30902 TAYLOR GRADE RD	
CITY-ST-ZIP	DUETTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, JUM	
STREET ADDRESS	31550 HWY 62	
CITY-ST-ZIP	DUETTE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KEEN, DONNA L.	
STREET ADDRESS	8103 KENN CEMETARY ROAD	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'CONNOR, JOHN	
STREET ADDRESS	11075 TAYLOR GRADE ROAD	
CITY-ST-ZIP	BOWLING GREEN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **David S. Tuttle** REQUIRED **Walker** 3/11/97 (941) 776-8130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076322

CR2E037 (9/96)