

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767243 (9)

1. Corporation Name

SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

C/O JOE BARKER
RTE 1 BOX 7705
KINARD FL 32449

C/O JOE BARKER
RTE 1 BOX 7705
KINARD FL 32449

3. Date Incorporated or Qualified
03/02/1983

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24

25

Country

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKER, JOE
RTE 1 BOX 7705
KINARD FL 32449

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

Joe Barker Joe Barker, Fire Chief

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BARKER, JOE
STREET ADDRESS RTE 1 BOX 7705
CITY-ST-ZIP KINARD FL

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

TITLE VD ☐ DELETE
NAME TIMMONS, BUD
STREET ADDRESS RT 1 BOX 242
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE T ☐ DELETE
NAME TIMMONS, BONNIE
STREET ADDRESS RT 1 BOX 242
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE S ☐ DELETE
NAME HALL, MARGARET
STREET ADDRESS RT. 1, BOX 277
CITY-ST-ZIP BLOUNTSTOWN FL

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

TITLE D ☐ DELETE
NAME PARKER, CHARLES
STREET ADDRESS RT 1 BOX 254
CITY-ST-ZIP BLOUNTSTOWN FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME YON, JAMES JR.
STREET ADDRESS RT. 1, BOX 272
CITY-ST-ZIP BLOUNTSTOWN 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 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: Margaret H. Hall, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

904-674-4721

Date

Daytime Phone #

CR2E037 (12/95)