**FILE NOW: FILING FEE IS $61.25**

FILED
Mar 26 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 # **767243** **(9)**

1. Corporation Name
**SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOE BARKER<br>RTE 1 BOX 7705<br>KINARD FL 32449 | C/O JOE BARKER<br>RTE 1 BOX 7705<br>KINARD FL 32449 |

3. Date Incorporated or Qualified: **03/02/1983**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **NOT APPLICABLE** ☐ 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 liablity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

**BARKER, JOE**
**RTE 1 BOX 7705**
**KINARD FL 32449**

**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 Joseph V. Barker 3-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BARKER, JOE | | 1.2 NAME | | |
| STREET ADDRESS | RTE 1 BOX 7705 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KINARD FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TIMMONS, BUD | | 2.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 242 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLOUNTSTOWN FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TIMMONS, BONNIE | | 3.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 242 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLOUNTSTOWN FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HALL, MARGARET | | 4.2 NAME | | |
| STREET ADDRESS | RT. 1, BOX 277 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLOUNTSTOWN FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PARKER, CHARLES | | 5.2 NAME | | |
| STREET ADDRESS | RT 1 BOX 254 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLOUNTSTOWN FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | YON, JAMES JR. | | 6.2 NAME | Brown, Kendall | |
| STREET ADDRESS | RT. 1, BOX 272 | | 6.3 STREET ADDRESS | Rt. 1, Box | |
| CITY-ST-ZIP | BLOUNTSTOWN FL | | 6.4 CITY-ST-ZIP | Blountstown, Fl. 32424 | |

CR2E037 (9/96)

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: Margaret W. Hall Margaret W. Hall 3-17-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0077555