

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04309** (3)

1. Corporation Name

ESCAMBIA COUNTY VOLUNTEER FIREMENS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2920 NORTH "L" STREET
PENSACOLA FL 32501

2920 NORTH "L" STREET
PENSACOLA FL 32501

3. Date Incorporated or Qualified
07/23/1984

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **1200 W. Leonard St**

26 **1200 W. Leonard St**

4. FEI Number

59-2084268

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **Pensacola, FL 32501**

City & State

28 **Pensacola, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

32501

Country

Zip

32501

Country

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

**SLOVER, MIKE
2920 N. "L" ST.
PENSACOLA FL 32505**

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

Mike Slover

1/24/96

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	CD	<input type="checkbox"/> DELETE
NAME	SLOVER, MIKE	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DEL	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCCURDY, SARAH	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, JOHN	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOSH, J D	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BURKETT, REGIE	
STREET ADDRESS	2920 N. "L" ST.	
CITY-ST-ZIP	PENSACOLA FL	

1.1 TITLE	CD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SLOVER, MIKE	
1.3 STREET ADDRESS	1200 W. LEONARD ST	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LEWIS, DJL	
2.3 STREET ADDRESS	1200 W. LEONARD ST	
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, JANETTE	
3.3 STREET ADDRESS	1200 W. LEONARD ST	
3.4 CITY-ST-ZIP	PENSACOLA, FL	
4.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCAIR, STEVE	
4.3 STREET ADDRESS	1200 W. LEONARD ST	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DOSH, JD	
5.3 STREET ADDRESS	1200 W. LEONARD ST	
5.4 CITY-ST-ZIP	PENSACOLA, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BURKETT, REGIE	
6.3 STREET ADDRESS	1200 W. LEONARD ST	
6.4 CITY-ST-ZIP	PENSACOLA, FL	

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:

Mike Slover

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 **904 452-1177**

DATE

DAY/TIME PHONE #

CR2E037 (12/95)