

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 # N05414 (0)

1. Corporation Name

OKAHUMPKA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

3714 JIM ROGERS INDUSTRIAL PK RD.
PO BOX 37
OKAHUMPKA FL 34762-0037

Mailing Address

3714 JIM ROGERS INDUSTRIAL PK RD.
PO BOX 37
OKAHUMPKA FL 34762-0037



3. Date incorporated or Qualified
10/01/1984

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2500789

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

10. Name and Address of New Registered Agent

STARLING, CHARLES C. JR.
23320 N. AUSTIN MERRITT RD.
GROVELAND FL 34736

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P KNIGHTEN, EMERY
STREET ADDRESS
3015 CR #470
CITY - ST - ZIP
OKAHUMPKA FL

TITLE ☐ DELETE

NAME
V FLECKENSTEIN, PATTY
STREET ADDRESS
27316 PALMETTO AVE
CITY - ST - ZIP
OKAHUMPKA FL

TITLE ☐ DELETE

NAME
DT PARKER, DEBRA
STREET ADDRESS
#88 SAMIR AVE
CITY - ST - ZIP
LEESBURG FL

TITLE ☐ DELETE

NAME
D COOK, CLARK
STREET ADDRESS
DEBBIE ROAD
CITY - ST - ZIP
OKAHUMPKA FL 34762

TITLE ☐ DELETE

NAME
D FUSSELL, JAMES C
STREET ADDRESS
27245 MAIN AVE
CITY - ST - ZIP
OKAHUMPKA FL

TITLE ☐ DELETE

NAME
SD STARLING, CHARLES C JR.
STREET ADDRESS
23320 N. AUSTIN MERRITT RD.
CITY - ST - ZIP
GROVELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Secretary/D.C. 1-18-96 (352) 728-4095

CR2E037 (12/95)