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Feb 13 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 # N08974 (0)

1. Corporation Name

SMITH CREEK VOLUNTEER FIRE DEPARTMENT INCORPORATED

Principal Place of Business

2984 SMITH CREEK RD
SOPCHOPPY FL 32358
US

Mailing Address

1725 SMITH CREEK RD
SOPCHOPPY FL 32358-6106
US



3. Date Incorporated or Qualified
04/29/1985

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1691 Smith Creek Rd

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

USA

4. FEI Number

59-1836560

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

LANGSTON, PAMELA
1725 SMITH CREEK RD
SOPCHOPPY FL 32358

81 Name

LANGSTON, PAMELA

82 Street Address (P.O. Box Number is Not Acceptable)

1691 Smith Creek Rd.

83

84 City

Sopchoppy

FL

85 Zip Code

32358

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

Pamela Langston

PAMELA LANGSTON

2-4-97

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 P HARRELL, JD ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1746 SMITH CREEK RD
SOPCHOPPY FL

TITLE ST LANGSTON, PAMELA ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
1725 SMITH CREEK RD
SOPCHOPPY FL

TITLE D CANESTRA, TONY ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
2954 SMITH CREEK RD
SOPCHOPPY FL

TITLE D LANGSTON, LINDA ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
345 TED LANGSTON RD
SOPCHOPPY FL

TITLE D LANGSTON, WALTON ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
2086 SMITH CREEK RD
SOPCHOPPY FL

TITLE D MERRITT, BILL ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
3300 SMITH CREEK RD
SOPCHOPPY FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST LANGSTON, PAMELA ☒ Change ☐ Addition

1691 Smith Creek Rd.

Sopchoppy, FL 32358

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Pamela Langston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-97

Date

926-0811

Daytime Phone # 0000317

CR2E037 (9/96)