

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08974** (0)

1. Corporation Name

SMITH CREEK VOLUNTEER FIRE DEPARTMENT INCORPORATED

Principal Place of Business

Mailing Address

**2004 SMITH CREEK RD
SOPCHOPPY FL 32358
US**

**1691 SMITH CREEK ROAD
SOPCHOPPY FL 32358
US**

3. Date Incorporated or Qualified

04/29/1985

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **N/A**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGSTON, PAMELA
1691 SMITH CREEK ROAD
SOPCHOPPY FL 32358**

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 of 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, JD	1.2 NAME	
STREET ADDRESS	1746 SMITH CREEK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, PAMELA	2.2 NAME	
STREET ADDRESS	1691 SMITH CREEK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANESTRA, TONY	3.2 NAME	
STREET ADDRESS	2054 SMITH CREEK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, LINDA	4.2 NAME	
STREET ADDRESS	345 TED LANGSTON RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, WALTON	5.2 NAME	
STREET ADDRESS	2006 SMITH CREEK RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, BILL	6.2 NAME	
STREET ADDRESS	3300 SMITH CREEK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SOPCHOPPY FL	6.4 CITY-ST-ZIP	

14. I 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 **PAMELA LANGSTON** 4-24-98 850-962-2258

CR2E037 (10/97)