

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 # **N09688** (5)

1. Corporation Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

HC 1 BOX 679
CEDAR KEY FL 32625

RURAL DISTRICT #4
VOLUN. FIRE DEPART.
CEDAR KEY FL 32625

3. Date Incorporated or Qualified
06/11/1985

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0007171

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

ANDERSON, DONNA C.
HC 1 BOX 677
OXFORD RD.
CEDAR KEY FL 32625

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

Donna C. Anderson

Sec.

1- -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

T WILKERSON, LILLY ☐ DELETE
NAME
STREET ADDRESS HWY 24
CITY-ST-ZIP CEDAR KEY FL

VP NUTTER, DELBERT ☒ DELETE
NAME
STREET ADDRESS ROSEMARY AVE
CITY-ST-ZIP CEDAR KEY FL

P THOMPSON, CHRISTY ☐ DELETE
NAME
STREET ADDRESS HIGHWAY RT 24
CITY-ST-ZIP CEDAR KEY FL

D CHARLES NEESE ☒ DELETE
NAME
STREET ADDRESS SHILOH RD. AND LCR453
CITY-ST-ZIP CEDAR KEY FL

S DONNA ANDERSON ☐ DELETE
NAME
STREET ADDRESS OXFORD ROAD
CITY-ST-ZIP CEDAR KEY FL 32625

D WILKERSON, GERALD ☐ DELETE
NAME
STREET ADDRESS LCR 455
CITY-ST-ZIP CEDAR KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V-P ☒ Change ☐ Addition
1.2 NAME LILLY BROOKS
1.3 STREET ADDRESS HWY 24
1.4 CITY-ST-ZIP CEDAR KEY, FL 32625

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JOE HATHCOX
2.3 STREET ADDRESS G ST.
2.4 CITY-ST-ZIP CEDAR KEY, FL 32625

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME SCOTT ANDERSON
4.3 STREET ADDRESS OXFORD ROAD
4.4 CITY-ST-ZIP CEDAR KEY, FL 32625

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

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:

Donna C. Anderson

DONNA C. ANDERSON

Sec.

1- -96 (904) 543-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)