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Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32625RURAL DISTRICT #4
VOLUN. FIRE DEPART.
CEDAR KEY FL 326253. Date Incorporated or Qualified
06/11/19853a. Date of Last Report
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21 9990 SW 63RD LN

26 9990 SW 63RD LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 CEDAR KEY FL

Zip

Country

24

25

29 32625

30

US

4. FEI Number
59-0007171Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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)

6860 SW 95th AVE

83 OXFORD RD.

84 City

CEDAR KEY

FL

85 Zip Code
32625

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*

DONNA C. ANDERSON

1-7-97

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 VP ☐ DELETE
NAME ROOKS, LILLY
STREET ADDRESS HWY 24
CITY-ST-ZIP CEDAR KEY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME HATHCOCK, JOE
STREET ADDRESS G ST
CITY-ST-ZIP CEDAR KEY FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME THOMPSON, CHRISTY
STREET ADDRESS HIGHWAY RT 24
CITY-ST-ZIP CEDAR KEY FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ANDERSON, SCOTT
STREET ADDRESS OXFORD ROAD
CITY-ST-ZIP CEDAR KEY FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME DONNA ANDERSON
STREET ADDRESS OXFORD ROAD
CITY-ST-ZIP CEDAR KEY FL 326255.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME WILKERSON, GERALD
STREET ADDRESS LCR 455
CITY-ST-ZIP CEDAR KEY FL6.1 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 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: *Donna C. Anderson* DONNA C. ANDERSON 1-7-97 (352)543-5202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0077694

CR2E037 (9/96)