

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 # N10291 (5)

1. Corporation Name

DUNKLIN MARTIN GRADE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**24201 MARTIN HIGHWAY
OKEECHOBEE FL 34974**

Mailing Address

**24201 MARTIN HIGHWAY
OKEECHOBEE FL 34974**



3. Date Incorporated or Qualified
07/17/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2622043

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

**SHARP, NANCY L
3100 SW QUAIL COVEY AVE.
OKEECHOBEE FL 34974**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, PATRICK	
STREET ADDRESS	200 S.W. ALLAPATTAH ROAD	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SHARP, NANCY L.	
STREET ADDRESS	3100 S.W. QUAIL COVEY AV	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CURTIS, JELENA	
STREET ADDRESS	3107 S.W. BUCKSKIN AVE.	
CITY - ST - ZIP	OKEECHOBEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP GRIFFITH	
1.3 STREET ADDRESS	24050 SW MARTIN HWY.	
1.4 CITY - ST - ZIP	OKEECHOBEE, FL 34974	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES BARTON	
2.3 STREET ADDRESS	800 S.W. ALLAPATTAH RD.	
2.4 CITY - ST - ZIP	INDIANTOWN, FL 34956	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NANCY L. SHARP	
3.3 STREET ADDRESS	3100 S.W. QUAIL COVEY AVE.	
3.4 CITY - ST - ZIP	OKEECHOBEE, FL 34974-2135	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Nancy L. Sharp **NANCY L. SHARP** 3/20/96 407-597-3864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-27-1996