FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

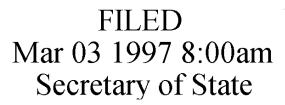
Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

(5)

DUNKLIN MARTIN GRADE VOLUNTEER FIRE DEPARTMENT.





Principal Place	e of Business	Mailing Address			8181 1181 91014 91811 91811 31911 91914 91611 1881
i i		•			
24201 MARTIN HIGHWAY 24201 MARTIN HIGHWA OKEECHOBEE FL 34974 OKEECHOBEE FL 34974					
				3. Date Incorporated or Qualifie 07/17/1985	d 3a. Date of Last Report 03/27/1996
		2a. Mailing Address 26		4. FEI Number 59-2622043	Applied For Not Applicable
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional
City & State	Ω	City & State		C Floring Committee Financia	Fee Required
23	o .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	·······	or intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes W No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered Agent
			81 Na	ame	
SHARP, NANCY L			82 Str	eet Address (P.O. Box Number is Not Accep	otable)
3100 SW QUAIL COVEY AVE.			B3		
UKEEU	HOBEE FL 34974				
			64 Cit	ty	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Stat	utes, the above-nar	med corporation submits this statement for th	e purpose of changing its registered
office or r agent I a	egistered agent, or both, in the State im familiar with, and accept the oblig-	or Florida. Such change was ations of, Section 617.0503, I	s authorized by the Florida Statutes.	med corporation submits this statement for the corporation's board of directors. I hereby ac	cept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered age	ant and title if applicable. (No. 1) D DIRECTORS	OTE: Registered Agent sign	nature required when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	T	DELETE	1.1 TITLE	Treasurer	Change Addition
NAME	GRIFFITH, PHILIP		1.2 NAME	SAM L. GOFFITH	77
STREET ADDRESS	24050 SW MARTIN HWY.		1.3 STREET ADDR	اه این احسام محسسا	ue. $ u$
CITY - ST - ZIP	OKEECHOBEE FL 34974		1.4 CITY-ST-ZIP	OKrechober, #1.39	1974
TITLE	D	DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	SHARP, NANCY L		2.2 NAME	James R. Parker	\mathbf{D}
STREET ADDRESS	3100 S.W. QUAIL COVEY AV		2.3 STREET ADOR	The second secon	lin Ave. Y
CITY-ST-ZIP	OKEECHOBEE FL 34974-213		2. 4 CITY-ST-ZIF	OKERCHOBER F-1.34	974
TITLE	P PARTON IAMES	DELETE	3.1 TITLE	Charles W. Dowel	
NAME STREET ADORESS	BARTON, JAMES 200 S.W. ALLAPATAH RD.		3.2 NAME 3.3 SYREET ADDR	3001 SW DUNKLI	n Ave. B
CITY-ST-ZIP	INDIANTOWN FL 34956		3.4 CITY-ST-ZIF	DKERCHOLOR CI. 1	4924
TITLE	THE STATE OF THE S	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	}		4.3 STREET ADDR	RESS	
CITY-ST-ZIP			4.4 City-St-ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	RESS	
CITY-ST-ZIP		T belese	5.4 CITY-ST-ZIP	,	Ab
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME PARCET ADDRESS			6.2 NAME	orce.	
STREET ADDRESS			6.3 STREET ADDF		
CITY-ST-ZIP	L		6.4 CITY-\$T-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 true de empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or German Legal Properties and the properties of the corporation of the receiver of the properties of the corporation of the receiver of the corporation appears in Block 12 or Block 13 if changed, or or

HEDW. Dowell Sr. 1-22-9