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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 34974-2122**



3. Date Incorporated or Qualified **07/17/1985** 3a. Date of Last Report **03/27/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, PHILIP	1.2 NAME	SAM L. Griffith
STREET ADDRESS	24050 SW MARTIN HWY.	1.3 STREET ADDRESS	3501 SW Dunklin Ave.
CITY-ST-ZIP	OKEECHOBEE FL 34974	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, NANCY L	2.2 NAME	James R. Parker
STREET ADDRESS	3100 S.W. QUAIL COVEY AV	2.3 STREET ADDRESS	3201 SW SW Dunklin Ave.
CITY-ST-ZIP	OKEECHOBEE FL 34974-2135	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTON, JAMES	3.2 NAME	Charles W. Dowell, Sr.
STREET ADDRESS	200 S.W. ALLAPATAH RD.	3.3 STREET ADDRESS	3001 SW DUNKLIN AVE.
CITY-ST-ZIP	INDIANTOWN FL 34956	3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Charles W. Dowell Sr.** 1-22-97 5615973420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071456

CR2E037 (9/96)