

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 # N14424 (8)

1. Corporation Name

ASHVILLE AREA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

RT 2 BOX 100-A  
GREENVILLE FL 32331  
US

RT 2 BOX 100-A  
GREENVILLE FL 32331  
US

3. Date Incorporated or Qualified  
04/16/1986

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2676085

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

24

25

Country

29

30

Country

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

REICHMAN, MICHAEL A.  
380 NORTH JEFFERSON ST.  
MONTICELLO FL 32344

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

TITLE ☐ DELETE

NAME  
DANSBY, JAMES W., SR.  
STREET ADDRESS  
ASHVILLE HIGHWAY  
CITY - ST - ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
TD CLEMENS, CHARLES D., JR.  
STREET ADDRESS  
29 C DUCKPOND DR  
CITY - ST - ZIP  
MONTICELLO FL

TITLE ☐ DELETE

NAME  
SD CLEMENS, JACKIE  
STREET ADDRESS  
24 D BUCKHORN TR  
CITY - ST - ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
PD CLEMENS, CHARLES D III  
STREET ADDRESS  
24 D BUCKHORN TR  
CITY - ST - ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
VD CONE, DREDGE L  
STREET ADDRESS  
EAST 2ND WAY  
CITY - ST - ZIP  
GREENVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

300001760423

03/28/96-01018-010

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96

904-997-0211

Date/Time Phone

CR2E037 (12/95)