

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22565** (8)
1. Corporation Name

RED OAK COMMUNITY FIRE DEPARTMENT, INC.



Principal Place of Business	Mailing Address
ROUTE 2, BOX 255-A ALTA FL 32421	ROUTE 2, BOX 255-A ALTA FL 32421-9802

3. Date Incorporated or Qualified 09/18/1987	3a. Date of Last Report 06/26/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALDEN, GARNET
WALDEN TIMBER HARVESTNG
MAGNOLIA CHURCH ROAD
ALTA FL 32421**

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, DOWLING	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GEORGE	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 267	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, GARNET	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 255-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, JOAN	4.2 NAME	
STREET ADDRESS	RT 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NORMAN	5.2 NAME	
STREET ADDRESS	RT. 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, HOWARD	6.2 NAME	
STREET ADDRESS	RT. 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTA FL	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: *Sandra B. Mortham* 4/31/97 904/674-4884

CP2E037 (9/96)