

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N2 3244**  
1. Corporation Name  
**WAKULLA STATION VOLUNTEER FIRE  
DEPARTMENT, INC.**

FILED  
97 MAY 14 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3083 SHADEVILLE ROAD  
CRAWFORDVILLE, FL 32327**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>SAME AS ABOVE</b>		26		10/30/87		3/13/96	
22 Suite, Apt. #, etc		27 Suite, Apt. #, etc		4. FEI Number		Applied For	
22		27		59-2859621		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Chuck Turner**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3083 Shadeville Rd**  
83 **800002180330--4**  
**-05/15/97--01105--003**  
84 City **Crawfordville** **\*\*\*\*\*61.FL** **132327**

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 **Chuck Turner**  
Signature, typed or printed name of registered agent and title if applicable

**Chuck Turner**  
(NOTE: Registered Agent Signature required when reinstating)

**5-14-97**  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President / D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Scott Causey			1.2 NAME	Chuck Turner		
STREET ADDRESS	Acley Lane			1.3 STREET ADDRESS	47 Leslie Anne Street		
CITY-ST-ZIP	Crawfordville, FL 32327			1.4 CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	Vice-President	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Mike Dicks Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Chuck Turner			2.2 NAME	189 Summerwood Dr		
STREET ADDRESS	47 Leslie Anne St			2.3 STREET ADDRESS	Crawfordville, FL 32327		
CITY-ST-ZIP	Crawfordville, FL 32327			2.4 CITY-ST-ZIP			
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dee Gause			3.2 NAME	Mike McBee		
STREET ADDRESS	61 Pine Lane			3.3 STREET ADDRESS	169 Big White Oak Lane		
CITY-ST-ZIP	Crawfordville FL 32327			3.4 CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	Director	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Paul Gurka			4.2 NAME	Jimmy Vick		
STREET ADDRESS	35 Rosewood Dr			4.3 STREET ADDRESS	11 Sam Smith Circle		
CITY-ST-ZIP	Crawfordville, FL 32327			4.4 CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	Director	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Elmer Barbree			5.2 NAME	Jerry Dicks		
STREET ADDRESS	56 Sam Smith Circle			5.3 STREET ADDRESS	79 Page Oliver Rd		
CITY-ST-ZIP	Crawfordville, FL 32327			5.4 CITY-ST-ZIP	Crawfordville, FL 32327		
TITLE	Fire Chief	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Fire Chief	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>Steve Miller</del> Jerry Dicks			6.2 NAME	Steve Miller		
STREET ADDRESS	79 Page Oliver Rd			6.3 STREET ADDRESS	12 Dixie Drive		
CITY-ST-ZIP	Crawfordville FL			6.4 CITY-ST-ZIP	Crawfordville FL 32327		

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: **CHUCK TURNER** **Chuck Turner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-97** **904-894-3676**  
Date Daytime Phone #

CR2E037 (9/96)