


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N23244 (9)
1. Corporation Name
WAKULLA STATION VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business
**3083 SHADEVILLE HWY
CRAWFORDVILLE FL 32327
US**

Mailing Address
**3083 SHADEVILLE HWY
CRAWFORDVILLE FL 32327
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
10/30/1987

4. FEI Number
59-2859621

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**TURNER, CHUCK
3083 SHADEVILLE RD.
CRAWFORDVILLE FL 32327**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Chuck Turner*
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, CHUCK	
STREET ADDRESS	47 LESLIE ANNE STREET	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DICKS, MIKE	
STREET ADDRESS	189 SUMMERWOOD DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCBEE, MIKE	
STREET ADDRESS	169 BIG WHITE OAK LANE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VICK, JIMMY	
STREET ADDRESS	11 SAM SMITH CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKS E, JERRY	
STREET ADDRESS	79 PAGE OLIVER ROAD	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	FC	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, STEVE	
STREET ADDRESS	12 DIXIE DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Causey	
1.3 STREET ADDRESS	3083 Shadville Rd	
1.4 CITY-ST-ZIP	Crawfordville, FL 32327	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Fire chief / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chuck Turner	
6.3 STREET ADDRESS	47 Leslie Anne str	
6.4 CITY-ST-ZIP	Crawfordville, FL 32327	

14. I 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* 3-18-98 894 3676

CP2E037 (10/97)