

# 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 # N23790 (1)**

1. Corporation Name

**TAYLORVILLE VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

Mailing Address

RT 4 BOX 304 PINEMOUNT RD.  
LAKE CITY FL 32055-9312

RT 4 BOX 304 PINEMOUNT RD.  
LAKE CITY FL 32055-9312

3. Date Incorporated or Qualified

**12/08/1987**

3a. Date of Last Report

**07/07/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, JOYCE A.  
RT. 4 BOX 304  
LAKE CITY FL 32055**

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

PD

☐ DELETE

NAME

**TAYLOR, ROBERT**

STREET ADDRESS

**RT.4, BOX 304**

CITY - ST - ZIP

**LAKE CITY FL**

TITLE

VD

☐ DELETE

NAME

**CONNELL, DONALD**

STREET ADDRESS

**RT 1 BOX 122**

CITY - ST - ZIP

**WELLBORN FL**

TITLE

SD

☐ DELETE

NAME

**TAYLOR, JOYCE**

STREET ADDRESS

**ROUTE 4, BOX 304**

CITY - ST - ZIP

**LAKE CITY FL**

TITLE

T

☐ DELETE

NAME

**ROACH, JERRY**

STREET ADDRESS

**RT 1 BOX 122**

CITY - ST - ZIP

**WELLBORN FL**

TITLE

D

☐ DELETE

NAME

**CAMBELL, WILBUR L**

STREET ADDRESS

**117 K PINWOOD CT**

CITY - ST - ZIP

**WELLBORN FL**

TITLE

P

☐ DELETE

NAME

**ROACH, PATRICIA**

STREET ADDRESS

**RT 1 BOX 113D**

CITY - ST - ZIP

**WELLBORN FL**

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

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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

Date

Day/Time Phone #

CR2E037 (12/95)