

4-9-97 B-4309 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 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 # 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 32024-8506



2. Principal Place of Business 21 2738 CR 252 Suite, Apt. #, etc.	2a. Mailing Address 26 2738 CR 252 Suite, Apt. #, etc.
22 City & State 23 LAKE CITY FL	27 City & State 28 LAKE CITY FL
24 32024 Country	29 32024 Country

3. Date Incorporated or Qualified 12/08/1987	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2879867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, ROBERT	1.2 NAME	TIMOTHY TAYLOR
STREET ADDRESS	RT 4 BOX 304 2738 CR 252	1.3 STREET ADDRESS	2738 CR 252
CITY-ST-ZIP	LAKE CITY FL 32024	1.4 CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, DONALD	2.2 NAME	
STREET ADDRESS	RT 1 BOX 122	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOYCE	3.2 NAME	
STREET ADDRESS	ROUTE 4, BOX 304 2738 CR 252	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, JERRY	4.2 NAME	
STREET ADDRESS	RT 4 BOX 122 16011 CR 252	4.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMBELL, WILBUR L	5.2 NAME	
STREET ADDRESS	117 K PINWOOD CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, PATRICIA	6.2 NAME	
STREET ADDRESS	RT 4 BOX 113D 16011 CR 252	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLBORN 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:

*[Signature]*

4-5-97

CR2E037 (9/96)