

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 # N25546 (5)

1. Corporation Name

FALMOUTH VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

C/O LARRY MCCOOK
ROUTE 8, BOX 427
LIVE OAK FL 32060

C/O LARRY MCCOOK
ROUTE 8, BOX 427
LIVE OAK FL 32060

3. Date Incorporated or Qualified
03/22/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2883636

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCOOK, LARRY
ROUTE 8 BOX 427
LIVE OAK FL 32060

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WALTER, LAND**
CITY-ST-ZIP **P.O. BOX 456 N/A**
LIVE OAK FL 32060

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ELLISON, WAYNE**
CITY-ST-ZIP **RT. 8, BOX 320**
LIVE OAK FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **HOUSTON, BAGWELL**
CITY-ST-ZIP **RT 8 BOX 373 N/A**
LIVE OAK FL 32060

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **P Austin Connell**
3.3 STREET ADDRESS **5278 189th Rd.**
3.4 CITY-ST-ZIP **Live Oak, Fla. 32060**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **MCCOOK, LARRY L.**
CITY-ST-ZIP **RT 8 BOX 427**
LIVE OAK FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **CONNELL, AUSTIN**
CITY-ST-ZIP **RT. 8, BOX 362**
LIVE OAK FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **V Ritchie Kinsey**
5.3 STREET ADDRESS **17369 50th St.**
5.4 CITY-ST-ZIP **Live Oak, Fla., 32060**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **SAPP, DONALD**
CITY-ST-ZIP **RT 8, BOX 227**
LIVE OAK FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **S Wayne Underwood**
6.3 STREET ADDRESS **4630 193 Rd.**
6.4 CITY-ST-ZIP **Live Oak, Fla. 32060**

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: *Larry L. McCook* **Larry L. McCook** **5-17-96** **(904)362-3759**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)