


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25546** (5)  
1. Corporation Name  
**FALMOUTH VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>C/O LARRY MCCOOK ROUTE 8, BOX 427 LIVE OAK FL 32060</b>	Mailing Address <b>C/O LARRY MCCOOK ROUTE 8, BOX 427 LIVE OAK FL 32060-9808</b>
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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
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3. Date Incorporated or Qualified <b>03/22/1988</b>	3a. Date of Last Report <b>05/22/1996</b>
4. FEI Number <b>59-2883636</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCOOK, LARRY ROUTE 8 BOX 427 LIVE OAK FL 32060</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WALTER, LAND</b>
STREET ADDRESS	<b>P.O. BOX 456 N/A</b>
CITY-ST-ZIP	<b>LIVE OAK FL 32060</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ELLISON, WAYNE</b>
STREET ADDRESS	<b>RT. 8, BOX 320</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D CONNELL, AUSTIN</b>
STREET ADDRESS	<b>5278 189TH RD</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P MCCOOK, LARRY L.</b>
STREET ADDRESS	<b>RT 8 BOX 427</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V KINSEY, RITCHIE</b>
STREET ADDRESS	<b>17369 50TH ST</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S UNDERWOOD, WAYNE</b>
STREET ADDRESS	<b>4830 193RD RD</b>
CITY-ST-ZIP	<b>LIVE OAK FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Larry L. McCook Larry L. McCook 4-7-97 (904) 362-3789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000802

CR2E037 (9/96)