

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 # N25789 (1)

1. Corporation Name

ROYAL VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

9641 CTY RD 235
WILDWOOD FL 34785
US

Mailing Address

9641 CTY RD 235
WILDWOOD FL 34785
US

3. Date Incorporated or Qualified
04/06/1988

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2911394

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

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

SOLOMON, LEVI, President
10101 CR 237
OXFORD FL 34484

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 **PCD** ☐ DELETE
NAME **BROOKS, LORENZO, Chief**
STREET ADDRESS **1010 CR 237**
CITY-ST-ZIP **OXFORD FL**

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

TITLE **SDTD** ☐ DELETE
NAME **WILLIAMS, LOUISE, Secretary-Treasurer**
STREET ADDRESS **1516 CR 228**
CITY-ST-ZIP **WILDWOOD FL**

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

TITLE **TD** ☒ DELETE
NAME **ANDREWS, LARRY**
STREET ADDRESS **PO BOX 35 N/A**
CITY-ST-ZIP **WILDWOOD FL 34785**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **MULON Nichols, Board member**
3.3 STREET ADDRESS **9641 CR 235**
3.4 CITY-ST-ZIP **WILDWOOD, FL 34785**

TITLE **D** ☐ DELETE
NAME **KUHNS, JOHN C, Assistant Chief**
STREET ADDRESS **PO BOX 1746 N/A 2045 CR 204**
CITY-ST-ZIP **WILDWOOD FL 34785 OXFORD, FL 34484**

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

TITLE **VD** ☒ DELETE
NAME **PARRIS, JAMES**
STREET ADDRESS **9852 NE 2ND DRIVE**
CITY-ST-ZIP **WILDWOOD FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **SANDY CARIEL, Board member**
5.3 STREET ADDRESS **PO BOX 958 N/A**
5.4 CITY-ST-ZIP **Wildwood, FL 34785**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, NATHANIEL, Board Member**
STREET ADDRESS **374 WC 462**
CITY-ST-ZIP **WILDWOOD FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
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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

3/25/96

Date

Daytime Phone #

CR2E037 (12/95)