

# 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 # N27311 (2)**

1. Corporation Name

**GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

LEVY COUNTY ROAD 326  
ROAD 326  
GULF HAMMOCK FL 32639  
US

Mailing Address

P.O. BOX 313  
ROAD 326  
GULF HAMMOCK FL 32639  
US

3. Date Incorporated or Qualified  
**07/07/1988**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-2898525**

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

**WATSON, STEPHEN D.  
LEVY COUNTY ROAD 326  
GULF HAMMOCK FL 32639**

10. Name and Address of New Registered Agent

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

D

☐ DELETE

NAME

**DURDEN, LARRY J. JR.  
LEVY COUNTY ROAD 326  
GULF HAMMOCK FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

PD

☒ DELETE

NAME

**WATSON, STEPHEN D.  
LEVY COUNTY ROAD 326  
GULF HAMMOCK FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

☒ DELETE

NAME

**WHITE, JAMES  
US HWY 19/98  
OTTER CREEK**

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

☒ DELETE

NAME

**BERRY HILL, H.O.  
FOLLY ROAD  
GULF HAMMOCK FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

☒ DELETE

NAME

**DURDEN, BARBARA J  
8350 N E 106TH STREET  
BRONSON FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

**President**

☐ Change

☒ Addition

2.2 NAME

**ALEXANDER F. Osowiecki, III**

2.3 STREET ADDRESS

**5550 SE CR 337**

2.4 CITY-ST-ZIP

**Morrison FL 32668**

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

**Director**

3.3 STREET ADDRESS

**Stephan Watson**

3.4 CITY-ST-ZIP

**R.C. R. 326  
Gulf Hammock, Fla.**

4.1 TITLE

**Vice President**

☒ Change

☐ Addition

4.2 NAME

**James White**

4.3 STREET ADDRESS

**US Hwy 19/98**

4.4 CITY-ST-ZIP

**OTTER CREEK**

5.1 TITLE

**Secretary**

☐ Change

☒ Addition

5.2 NAME

**Patricia Hatten**

5.3 STREET ADDRESS

**Rt 1, Box 510-0, LCR 110**

5.4 CITY-ST-ZIP

**Morrison, FL 32668**

6.1 TITLE

**H.O. Berryhill Director**

☒ Change

☐ Addition

6.2 NAME

**Folly Rd.**

6.3 STREET ADDRESS

**Gulf Hammock, FL**

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:

*Patricia Hatten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-8-96*

Date

*486-4288*

Daytime Phone #

CR2E037 (12/95)