

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 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 # **N27311** (2)

1. Corporation Name

GULF HAMMOCK VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business	Mailing Address
LEVY COUNTY ROAD 326 ROAD 326 GULF HAMMOCK FL 32639 US	P.O. BOX 313 ROAD 326 GULF HAMMOCK FL 32639-0313 US

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

24 25 29 30

3. Date Incorporated or Qualified
07/07/1988

3a. Date of Last Report
04/11/1996

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

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D	<input type="checkbox"/> DELETE
NAME	DURDEN, LARRY J. JR.	
STREET ADDRESS	LEVY COUNTY ROAD 326	
CITY-ST-ZIP	GULF HAMMOCK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALEXANDER F. OSOWIECKI IV	
STREET ADDRESS	5550 SE CR 337	
CITY-ST-ZIP	MORRISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHEN WATSON	
STREET ADDRESS	L.C.R. 326	
CITY-ST-ZIP	GULF HAMMOCK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JAMES WHITE	
STREET ADDRESS	US HWY 19/98	
CITY-ST-ZIP	OTTER CREEK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATRICIA HATTEN	
STREET ADDRESS	RT. 1 BOX 510-A, LCR 110	
CITY-ST-ZIP	MORRISTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRY HILL, H.O.	
STREET ADDRESS	FOLLY ROAD	
CITY-ST-ZIP	GULF HAMMOCK FL	

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 checked="" type="checkbox"/> Addition
6.2 NAME	Director
6.3 STREET ADDRESS	Oakley Levi Hatten III
6.4 CITY-ST-ZIP	Rt. 1, Box 510-A
	Morrison, Fla. 32668

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

5-16-97 **352-486-4288**
Date Daytime Phone # 0011959

CR2E037 (9/96)