

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 # **N29608** (9)

1. Corporation Name

THE CITY OF MIDWAY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

OLD SCHOOLHOUSE RD.
MIDWAY FL 32343

P.O. BOX 590
MIDWAY FL 32343

3. Date Incorporated or Qualified
12/07/1988

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWSON, CLYDE
JOYNER ST
MIDWAY FL 32343

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 617.1506, 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	V	<input checked="" type="checkbox"/> DELETE
NAME	HOLTON, DANNY	
STREET ADDRESS	HWY 90	
CITY-ST-ZIP	MIDWAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, MORRIS	
STREET ADDRESS	BRICKYARD RD	
CITY-ST-ZIP	MIDWAY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MAYNOR, PATRICIA	
STREET ADDRESS	HWY. 90	
CITY-ST-ZIP	HAVANA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAWSON, LIZZIE	
STREET ADDRESS	COUNTY RD 268	
CITY-ST-ZIP	MIDWAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSEY, JAMES A.	
STREET ADDRESS	JOYNER ROAD	
CITY-ST-ZIP	MIDWAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLSTON, RONNIE	
STREET ADDRESS	COUNTY ROAD 268	
CITY-ST-ZIP	MIDWAY 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 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 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 Maynor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13, 1996 904/574-2355

Date

Daytime Phone #

CR2E037 (12/95)