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FILED
May 12 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 # **N29608** (9)
1. Corporation Name
THE CITY OF MIDWAY VOLUNTEER FIRE DEPARTMENT, IN C.



Principal Place of Business OLD SCHOOLHOUSE RD. MIDWAY FL 32343	Mailing Address P.O. BOX 590 MIDWAY FL 32343-0590
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3. Date Incorporated or Qualified 12/07/1988	3a. Date of Last Report 05/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2723706	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**LAWSON, CLYDE
JOYNER ST
MIDWAY FL 32343**

10. Name and Address of New Registered Agent

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 *Clyde Lawson* 5-1-97
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	<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 checked="" type="checkbox"/> DELETE
NAME	COLSTON, RONNIE	
STREET ADDRESS	COUNTY ROAD 268	
CITY - ST - ZIP	MIDWAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 of Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia Maynor* **RED** May 1, 1997 904 574 6365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000000

CR2E037 (9/96)