

FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N29608** (9)

1. Corporation Name

**THE CITY OF MIDWAY VOLUNTEER FIRE DEPARTMENT, IN  
C.**



Principal Place of Business <b>OLD SCHOOLHOUSE RD. MIDWAY FL 32343</b>	Mailing Address <b>P.O. BOX 590 MIDWAY FL 32343-0590</b>
---	---

3. Date Incorporated or Qualified <b>12/07/1988</b>	3a. Date of Last Report <b>05/22/1996</b>
--	--

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	4. FEI Number <b>59-2723706</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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

10. Name and Address of New Registered Agent

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

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

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*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5-1-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, MORRIS</b>	1.2 NAME	
STREET ADDRESS	<b>BRICKYARD RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDWAY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAYNOR, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>HWY. 90</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HAVANA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, LIZZIE</b>	3.2 NAME	
STREET ADDRESS	<b>COUNTY RD 268</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDWAY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POSEY, JAMES A.</b>	4.2 NAME	
STREET ADDRESS	<b>JOYNER ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDWAY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLSTON, RONNIE</b>	5.2 NAME	
STREET ADDRESS	<b>COUNTY ROAD 268</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDWAY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 this report, has not been changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Patricia Maynard* May 1, 1997

Date

904 574 6385  
Daytime Phone #0008303

CR2E037 (9/96)