

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 # **N30473** (5)

1. Corporation Name

EBRO VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 78
EBRO FL 32437

POST OFFICE BOX 78
EBRO FL 32437

3. Date Incorporated or Qualified
02/02/1989

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

29

30

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

**YOUNG, JERRY
BOX 140 SUBDIVISION ROAD
EBRO FL 32437**

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

Jerry Young

(NOTE: Registered Agent signature required with reinstating)

DATE

1-24-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **FC** ☒ DELETE

NAME **MARLOW, L.D.**
STREET ADDRESS **CRUISE LAKE ROAD**
CITY-STATE-ZIP **EBRO FL**

1.1 TITLE **FC** ☒ Change ☐ Addition

1.2 NAME **Young, Jerry**
1.3 STREET ADDRESS **Box 140 Subdivision Road**
1.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE

NAME **SUGGS, REX**
STREET ADDRESS **HWY 79 AND HWY 20**
CITY-STATE-ZIP **EBRO FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP **3000001718443**

TITLE **PAC VP** ☐ DELETE

NAME **WILLIAMS, KEITH**
STREET ADDRESS **CASEY ROAD**
CITY-STATE-ZIP **EBRO FL**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP **02/20/96-01004-000**
*****01.25**

TITLE **D** ☐ DELETE

NAME **SMITH, BRUCE**
STREET ADDRESS **STAR RT. BOX 25 N/A**
CITY-STATE-ZIP **EBRO FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE

NAME **YOUNG, CHARLES**
STREET ADDRESS **CRUISE LAKE ROAD**
CITY-STATE-ZIP **EBRO FL**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME **Young, Jack**
5.3 STREET ADDRESS **Toms Road**
5.4 CITY-STATE-ZIP **EBRO, FL 32437**

TITLE **D** ☐ DELETE

NAME **MORRELL, BRIAN**
STREET ADDRESS **STRICKLAND ROAD AND LOOP CIRCLE ROAD**
CITY-STATE-ZIP **EBRO FL**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

Jerry Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-96 9045354446
(5)-19-96

CR2E037 (12/95)