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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6629 Dogtrack Rd.
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ebro FL.

28

Zip

Country

Zip

Country

24 32437

25

29

30

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

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 **FC** ☐ DELETE
NAME **YOUNG, JERRY**
STREET ADDRESS **BOX 140 SUBDIVISION RD**
CITY-ST-ZIP **EBRO FL**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **STEEN SUGGS**
1.3 STREET ADDRESS **5676 TOMS RD.**
1.4 CITY-ST-ZIP **EBRO FL. 32437**

TITLE **D** ☒ DELETE
NAME **SUGGS, REX**
STREET ADDRESS **HWY 79 AND HWY 20**
CITY-ST-ZIP **EBRO FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **TONY STRICKLAND**
2.3 STREET ADDRESS **5569 STRICKLAND RD.**
2.4 CITY-ST-ZIP **EBRO FL. 32437**

TITLE **VP** ☐ DELETE
NAME **WILLIAMS, KEITH**
STREET ADDRESS **CASEY ROAD**
CITY-ST-ZIP **EBRO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **SMITH, BRUCE**
STREET ADDRESS **STAR RT. BOX 25 N/A**
CITY-ST-ZIP **EBRO FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **YON, JACK**
STREET ADDRESS **TOMS ROAD**
CITY-ST-ZIP **EBRO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MORRELL, BRIAN**
STREET ADDRESS **STRICKLAND ROAD AND LOOP CIRCLE ROAD**
CITY-ST-ZIP **EBRO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: ☒

[Signature]

2/2/98

850-535-4446

CR2E037 (10/97)