

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 28 1997 8:00am  
Secretary of State

DOCUMENT # **N37539** (6)

1. Corporation Name

**GENOA VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

ROUTE 1 BOX 6845  
WHITE SPRINGS FL 32096

ROUTE 1 BOX 7845  
WHITE SPRINGS FL 32096  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/09/1990**

3a. Date of Last Report

**01/31/1996**

4. FEI Number

**59-3003808**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **8776 SE 128<sup>th</sup> AVE**

27 Suite, Apt. #, etc.

28 City & State

**WHITE SPRINGS, FL**

29 Zip

**32096**

Country

**US**

9. Name and Address of Current Registered Agent

**WETHERINGTON, RAY HOWARD**  
**ROUTE 1 BOX 174**  
**JASPER FL 32052**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **EDMONDS, HOMER L.**  
CITY-ST-ZIP **RT. 1 BOX 6845 N/A**  
**WHITE SPRINGS FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **NORRIS, JIMMY C., JR.**  
CITY-ST-ZIP **RT 1 BOX 174A NA**  
**JASPER FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **ERIXTON, GARY**  
CITY-ST-ZIP **ROUTE 1, BOX 5650 N/A**  
**WHITE SPRINGS FL**

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **MORGAN, KENNY B.**  
CITY-ST-ZIP **RT 1 BOX 7225 NA**  
**WHITE SPRINGS FL**

TITLE ☐ DELETE  
NAME **P**  
STREET ADDRESS **ERIXTON, BILL**  
CITY-ST-ZIP **RT 1 BOX 7225 NA**  
**WHITE SPRINGS FL**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **HUNTER BILL**  
CITY-ST-ZIP **RT 1 BOX 7845**  
**WHITE SPRINGS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ 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 or Block 13 if changed, or on an attachment with an address.

CR2E037 (4/97)

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**-08/01/97--01056--002**  
**\*\*\*61.25**