

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 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 # N37539 (6)

1. Corporation Name

GENOA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

ROUTE 1 BOX 6845
WHITE SPRINGS FL 32096

8776 SE 128TH AVE
WHITE SPRINGS FL 32096
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/09/1990

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

WETHERINGTON, RAY HOWARD
ROUTE 1 BOX 174
JASPER FL 32052

81 Name

Hudson, MARTY

82 Street Address (P.O. Box Number is Not Acceptable)

RT 1 Box 174A

83

84 City

JASPER

FL

85 Zip Code

32052

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 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]

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	EDMONDS, HOMER L.	
STREET ADDRESS	RT. 1 BOX 6845 N/A	
CITY-ST-ZIP	WHITE SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, JIMMY C., JR.	
STREET ADDRESS	RT 1 BOX 174A NA	
CITY-ST-ZIP	JASPER FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ERIXTON, GARY	
STREET ADDRESS	ROUTE 1, BOX 5650 N/A	
CITY-ST-ZIP	WHITE SPRINGS FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MORGAN, KENNY B.	
STREET ADDRESS	RT 1 BOX 7225 NA	
CITY-ST-ZIP	WHITE SPRINGS FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ERIXTON, BILL	
STREET ADDRESS	RT 1 BOX 7225 NA	
CITY-ST-ZIP	WHITE SPRINGS FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HUNTER BILL	
STREET ADDRESS	RT 1 BOX 7845	
CITY-ST-ZIP	WHITE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EDMONDS, HOMER L.	
1.3 STREET ADDRESS	14534 SE 87TH TER	
1.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wetherington Samuel D	
2.3 STREET ADDRESS	RT 1 Box 173-AS	
2.4 CITY-ST-ZIP	JASPER FLA 32052	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ERIXTON, GARY	
3.3 STREET ADDRESS	10011 SE 142ND BLVD	
3.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MORGAN, KENNY B	
4.3 STREET ADDRESS	8707 SE 137TH BLVD	
4.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDMONDS, HOMER L. JR	
5.3 STREET ADDRESS	14580 SE 87TH TER	
5.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	

6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HUNTER, BILL	
6.3 STREET ADDRESS	8776 SE 128 AVE	
6.4 CITY-ST-ZIP	WHITE SPRINGS, FL 32096	

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 on an attachment with an address.

SIGNATURE: *[Signature]* W.H. Hunter

1/8/97 904-658-5592

CR2E037 (10/97)