

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N38108 (9)
1. Corporation Name
DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
~~RT. 6 BOX 975~~ 22992 CR 250 ~~RT. 6 BOX 975~~ 22992 CR 250
LIVE OAK FL 32060 LIVE OAK FL 32060-9809

2. Principal Place of Business 2a. Mailing Address
21 22992 CR 250 26 22992 CR 250
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 LIVE OAK FL 28 LIVE OAK FL
Zip Country Zip Country
24 32060 25 Country 29 32060 30 Country

3. Date Incorporated or Qualified 05/10/1990 3a. Date of Last Report 01/31/1996
4. FEI Number 59-3021108 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MICHAEL FOSTER
RT. 6 BOX 975
LIVE OAK FL 32060

10. Name and Address of New Registered Agent
81 Name JEFF WARDEN
82 Street Address (P.O. Box Number is Not Acceptable) RT 6 BOX 100E
83
84 City LIVE OAK FL 85 Zip Code 32060

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 *Jeffrey L. Warden* JEFFREY L WARDEN 3/18/97
Signature of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, MICHAEL	
STREET ADDRESS	RT 6 BOX 975	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MONROE, STEFAN	
STREET ADDRESS	RT 5 BOX 104 A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, CRICINDA	
STREET ADDRESS	RT. 9 BOX 975	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARTOLOTTI, MIKE	
STREET ADDRESS	RT 6 BOX 118M	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZIPPERER, CHARLENE	
STREET ADDRESS	RT 9 BOX 995	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERS, BRYAN	
STREET ADDRESS	RT 7 BOX 1201	
CITY-ST-ZIP	LIVE OAK FL 32060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFF WARDEN	
1.3 STREET ADDRESS	RT 6 BOX 100E	
1.4 CITY-ST-ZIP	LIVE OAK FL 32060	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MONROE STEFAN	
2.3 STREET ADDRESS	RT 5 BOX 104A	
2.4 CITY-ST-ZIP	LIVE OAK FL 32060	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVENS, CAROL	
3.3 STREET ADDRESS	21902 104 TH ST	
3.4 CITY-ST-ZIP	LIVE OAK FL 32060	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHARLIE MCINTOSH	
4.3 STREET ADDRESS	RT 5 BOX 98-F	
4.4 CITY-ST-ZIP	LIVE OAK FL 32060	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PETERS, CANDY	
5.3 STREET ADDRESS	RT 7 BOX 1201	
5.4 CITY-ST-ZIP	LIVE OAK FL 32060	
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PETERS, BRYAN	
6.3 STREET ADDRESS	RT 7 BOX 1201	
6.4 CITY-ST-ZIP	LIVE OAK FL 32060	

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.

SIGNATURE: *Carol Stevens* CAROL STEVENS 3/19/97 904683852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000805

CR2E037 (9/96)