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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N38664** **(1)**

1. Corporation Name

FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business	Mailing Address
7777 STATE ROAD 200 OCALA FL 34476 US	7777 STATE ROAD 200 OCALA FL 34476-7049 US

OK D.K. OK D.K.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 01/31/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-2002785	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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	10. Name and Address of New Registered Agent
KREMPER, DONALD F. 9020 C SW 93 LANE OCALA FL 34481	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOVE, JAMES W.		1.2 NAME	
STREET ADDRESS	8677-D S.W. 95TH LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KREMPER, DONALD F.		2.2 NAME	
STREET ADDRESS	9020C SW 93 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHUBER, LEROY		3.2 NAME	
STREET ADDRESS	10982 S.W. 89TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CROMWELL, BENJAMIN		4.2 NAME	
STREET ADDRESS	8462 SW 109TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, NASH		5.2 NAME	
STREET ADDRESS	10928 SW 84TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	POND, DICK		6.2 NAME	
STREET ADDRESS	8456 SW 109TH PL.		6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 _____ 1/30/97 (352) 629-1455