

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44989 (4)**

1. Corporation Name

**GLEN ST. MARY FIREMAN'S ASSOCIATION, INC.**



Principal Place of Business

S. GLEN AVE.  
GLEN ST MARY FL 32040

Mailing Address

P.O. BOX 723  
GLEN ST. MARY FL 32040  
US

3. Date Incorporated or Qualified  
**08/30/1991**

3a. Date of Last Report  
**03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

**Eugene Harvey**

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

**Rt 1 Box 5580 Rufus Powers Road**

83

84 City

**Glen St Mary**

FL

85 Zip Code

**32040**

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]*

*[Signature]*

**3-12-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DP DAVID KNAPP**  
**BOX 611 BLAIR CIRCLE N/A**  
**GLEN ST MARY FL 32040**

☒ DELETE

11 TITLE

**TC**

NAME

**BOX 611 BLAIR CIRCLE N/A**  
**GLEN ST MARY FL 32040**

☒ DELETE

12 NAME

**V O J**

STREET ADDRESS

**BOX 611 BLAIR CIRCLE N/A**  
**GLEN ST MARY FL 32040**

☒ DELETE

13 STREET ADDRESS

**TC**

CITY - ST - ZIP

**BOX 611 BLAIR CIRCLE N/A**  
**GLEN ST MARY FL 32040**

☒ DELETE

14 CITY - ST - ZIP

**TC**

TITLE

**DP**

☒ DELETE

21 TITLE

**DP**

NAME

**HARVEY, EUGENE**

☒ DELETE

22 NAME

**DAVID BASSIL**

STREET ADDRESS

**RT. 1, BOX 5580 NA**

☒ DELETE

23 STREET ADDRESS

**RT 1 Box 699 NA**

CITY - ST - ZIP

**GLEN ST MARY FL**

☒ DELETE

24 CITY - ST - ZIP

**MAcclenny FL 32063**

TITLE

**DP**

☒ DELETE

31 TITLE

**DP**

NAME

**JAMES SEALEY**

☒ DELETE

32 NAME

**MIKE WOODHOLZ**

STREET ADDRESS

**P.O. BOX 466 NA**

☒ DELETE

33 STREET ADDRESS

**21 Sewle Rd NA**

CITY - ST - ZIP

**GLEN ST MARY FL**

☒ DELETE

34 CITY - ST - ZIP

**MAcclenny FL 32063**

TITLE

**DT**

☒ DELETE

41 TITLE

**BS**

NAME

**HARVEY, RHONDA**

☒ DELETE

42 NAME

**Bennie Hines**

STREET ADDRESS

**RT. 1 BOX 5580 NA**

☒ DELETE

43 STREET ADDRESS

**P.O. Box 230 South Rail Road**

CITY - ST - ZIP

**GLEN ST MARY FL**

☒ DELETE

44 CITY - ST - ZIP

**Glen St Mary FL 32040**

TITLE

**DS**

☒ DELETE

51 TITLE

**300001818333**

NAME

**MARILYN PENROD**

☒ DELETE

52 NAME

**05/13/96 01035 016**

STREET ADDRESS

**P.O. BOX 611 BLAIR CIRCLE N/A**

☒ DELETE

53 STREET ADDRESS

**\*\*\*61.25**

CITY - ST - ZIP

**GLEN ST. MARY FL**

☒ DELETE

54 CITY - ST - ZIP

**5-1-96 OR**

TITLE

**DS**

☒ DELETE

61 TITLE

**300001818333**

NAME

**MARILYN PENROD**

☒ DELETE

62 NAME

**05/13/96 01035 016**

STREET ADDRESS

**P.O. BOX 611 BLAIR CIRCLE N/A**

☒ DELETE

63 STREET ADDRESS

**\*\*\*61.25**

CITY - ST - ZIP

**GLEN ST. MARY FL**

☒ DELETE

64 CITY - ST - ZIP

**5-1-96 OR**

TITLE

**DS**

☒ DELETE

65 TITLE

**300001818333**

NAME

**MARILYN PENROD**

☒ DELETE

66 NAME

**05/13/96 01035 016**

STREET ADDRESS

**P.O. BOX 611 BLAIR CIRCLE N/A**

☒ DELETE

67 STREET ADDRESS

**\*\*\*61.25**

CITY - ST - ZIP

**GLEN ST. MARY FL**

☒ DELETE

68 CITY - ST - ZIP

**5-1-96 OR**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-96**

Date

**904259 5731**

Daytime Phone #

CR2E037 (12/95)