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FILED

Feb 26 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32040-0723  
US

3. Date Incorporated or Qualified

08/30/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3126824

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARVEY, EUGENE  
RT. 1 BOX 5580 RUFUS POWERS RD.  
GLEN ST MARY FL 32040

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE  
NAME BASSIL, DAVID  
STREET ADDRESS RT. 1 BOX 699 N/A  
CITY-ST-ZIP MACCLENNY FL 320631.1 TITLE DP ☐ Change ☒ Addition  
1.2 NAME Oliver Anderson  
1.3 STREET ADDRESS PO Box 1112 NA  
1.4 CITY-ST-ZIP Glen St Mary FL 32040TITLE DP ☒ DELETE  
NAME HARVEY, EUGENE  
STREET ADDRESS RT. 1, BOX 5580  
CITY-ST-ZIP GLEN ST MARY FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE DP ☐ DELETE  
NAME WACHNOLZ, MIKE  
STREET ADDRESS 21 JEULE RD. N/A  
CITY-ST-ZIP MACCLENNY FL 320633.1 TITLE DV ☒ Change ☐ Addition  
3.2 NAME Mike Wachholz  
3.3 STREET ADDRESS 21 Jeule Rd. NA  
3.4 CITY-ST-ZIP Macclenny FL 32063TITLE DT ☐ DELETE  
NAME HARVEY, RHONDA  
STREET ADDRESS RT. 1 BOX 5580 N/A  
CITY-ST-ZIP GLEN ST MARY FL4.1 TITLE D/S/T ☒ Change ☐ Addition  
4.2 NAME Rhonda Harvey  
4.3 STREET ADDRESS Rt 1 Box 5580 NA  
4.4 CITY-ST-ZIP Glen St. Mary FL 32040TITLE DS ☒ DELETE  
NAME HINES, RONNIE  
STREET ADDRESS P.O. BOX 230 N/A  
CITY-ST-ZIP GLEN ST. MARY FL 320405.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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.

SIGNATURE:

Eugene Harvey

Date

Daytime Phone # 0000380

CR2E037 (9/96)