


FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000061 (2)**

1. Corporation Name

STAGECOACH VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business	Mailing Address
10577 52 TERRACE LIVE OAK FL 32060-9704 US	10577 52 TERRACE LIVE OAK FL 32060-8405 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 881 167th Place		26 881 167th Place		01/06/1993		02/14/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Live Oak FL		28 Live Oak FL		59-3161833		Not Applicable	
24 32060		25 USA		29 32060		30 USA	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIVYER, DONALD E ROUTE 1, BOX 59 LIVE OAK FL 32060-9704				81 Name Robert E Williams			
				82 Street Address (P.O. Box Number is Not Acceptable) 881 167th Place			
				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 Robert E Williams DATE 2/9/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	WILLIAMS, BOB	881 167 PLACE	LIVE OAK FL	President	Robert E Williams	881 167th Place	Live Oak FL 32060
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	VP MCCOLLISTER, ED	14591 CR 132	LIVE OAK FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	S LARNEY, DOROTHY	1108 CR 249	LIVE OAK FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	P SIVYER, DONALD E.	10577 52 TERRACE	LIVE OAK FL	Treasurer	Deborah L. Williams	881 167th Place	Live Oak FL 32060
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	D SELIGREN, JOHN	5025 CR 795	LIVE OAK FL	Director	Oscar Mattox	10386 26th Place	Live Oak FL 32060
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	D PADGETT, CURTIS	2821 103 ROAD	LIVE OAK FL				

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.

CR2E037 (9/96)