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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

881 167TH PLACE
LIVE OAK FL 32060
US

881 167TH PLACE
LIVE OAK FL 32060
US

3. Date Incorporated or Qualified

01/06/1993

4. FEI Number

59-3161833

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ROBERT E
881 167TH PLACE
LIVE OAK FL 32060

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	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ROBERT E	
STREET ADDRESS	881 167TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCOLLISTER, ED	
STREET ADDRESS	14591 CR 132	
CITY-ST-ZIP	LIVE OAK FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	MOSES RANTLIFF
2.4 CITY-ST-ZIP	2091 137 RD

TITLE	S	<input type="checkbox"/> DELETE
NAME	LARNEY, DOROTHY	
STREET ADDRESS	1108 CR 249	
CITY-ST-ZIP	LIVE OAK FL	

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	DEBORAH WILLIAMS
3.4 CITY-ST-ZIP	881 167TH PLACE

TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBORAH L	
STREET ADDRESS	881 167TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTOX, OSCAR	
STREET ADDRESS	10386 26TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PADGETT, CURTIS	
STREET ADDRESS	2821 103 ROAD	
CITY-ST-ZIP	LIVE OAK FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Deborah Williams* **Deborah Williams** 1/19/1998 904-842-5062

CR2E037 (10/97)