

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N93000000925 (8)

1. Corporation Name

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

FIRE DEPARTMENT
HWY 301
BRYCEVILLE FL

FIRE DEPARTMENT
HWY 301
BRYCEVILLE FL

3. Date Incorporated or Qualified
02/23/1993

3a. Date of Last Report
07/31/1995

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

4. FEI Number
59-3046878

Amended For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

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

MALONEY, FRANK E JR
5 MACCLENNY AVE.
MACCLENNY FL

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 D ☐ DELETE

NAME MCCUBBIN, LANCE
STREET ADDRESS P.O. BOX 69
CITY-ST-ZIP BRYCEVILLE FL 32009

11 TITLE D ☐ Change ☒ Addition

12 NAME MIKE STOKES
13 STREET ADDRESS P.O. BOX 161
14 CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE D ☐ DELETE

NAME FOURAKER, LESTER
STREET ADDRESS P.O. BOX 7
CITY-ST-ZIP BRYCEVILLE FL 32009

21 TITLE D ☐ Change ☒ Addition

22 NAME GARY ARD
23 STREET ADDRESS RT 2 BOX 1530
24 CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE D ☒ DELETE

NAME PARKER, DONALD SR
STREET ADDRESS RT. 1, BOX 684-B
CITY-ST-ZIP BRYCEVILLE FL 32009

31 TITLE D ☐ Change ☒ Addition

32 NAME SHERRILL ROBERTS
33 STREET ADDRESS RT 1 BOX 390G
34 CITY-ST-ZIP BRYCEVILLE, FL 32009

TITLE D ☐ DELETE

NAME FOURAKER, EUGENE
STREET ADDRESS P.O. BOX 6
CITY-ST-ZIP BRYCEVILLE FL 32009

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME JOHNSON, KEN
STREET ADDRESS RT. 1, BOX 678-B
CITY-ST-ZIP BRYCEVILLE FL 32009

51 TITLE ☐ Change ☐ Addition

52 NAME 200001849192
53 STREET ADDRESS -06/04/96--01018--016
54 CITY-ST-ZIP ***70.00

TITLE D ☐ DELETE

NAME FORD, TOM
STREET ADDRESS RT 2 BOX 1077
CITY-ST-ZIP BRYCEVILLE FL

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(904) 266-9118

CR2E037 (12/95)