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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 <b>02/23/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number <b>59-3046878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MALONEY, FRANK E JR 5 MACCLENNY AVE. MACCLENNY FL	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCCUBBIN, LANCE
STREET ADDRESS	P.O. BOX 69 (N A)
CITY-ST-ZIP	BRYCEVILLE FL 32009
TITLE	D <input type="checkbox"/> DELETE
NAME	FOURAKER, LESTER
STREET ADDRESS	P.O. BOX 7 (N A)
CITY-ST-ZIP	BRYCEVILLE FL 32009
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERTS, SHERRILL
STREET ADDRESS	RT. 1, BOX 390G
CITY-ST-ZIP	BRYCEVILLE FL 32009
TITLE	D <input type="checkbox"/> DELETE
NAME	FOURAKER, EUGENE
STREET ADDRESS	P.O. BOX 8 (N A)
CITY-ST-ZIP	BRYCEVILLE FL 32009
TITLE	D <input type="checkbox"/> DELETE
NAME	FORD, TOM
STREET ADDRESS	RT 2 BOX 1077
CITY-ST-ZIP	BRYCEVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ARD, GARY
1.3 STREET ADDRESS	RT. 2, BOX 1530
1.4 CITY-ST-ZIP	BRYCEVILLE, FL 32009
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PARKER, DONALD SR
2.3 STREET ADDRESS	RT. 1, box 684-B
2.4 CITY-ST-ZIP	BRYCEVILLE, FL 32009
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: SHERILL ROBERTS **4-13-96** (904) 266-7516

CR2E037 (9/96)