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Jun 13 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003269 (7)

1. Corporation Name

ASTATULA FIRE/RESCUE INC.



Principal Place of Business

Mailing Address

25028 KIRKWOOD AVE.  
ASTATULA FL

P.O. BOX 195  
ASTATULA FL 34705-0195

3. Date Incorporated or Qualified  
06/27/1994

3a. Date of Last Report  
11/29/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLRODT, JAMES D  
25019 COUNTY RD. 561  
ASTATULA FL 34705

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 ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME D  
POWELL, WILLIAM  
STREET ADDRESS 24649 COUNTY RD. 561  
CITY-ST-ZIP ASTATULA FL 34705

1.2 NAME William B Harrison  
1.3 STREET ADDRESS 25045 Jefferson St  
1.4 CITY-ST-ZIP Astatula FL 34705

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME V  
FRANK, ED  
STREET ADDRESS 25847 COUNTRY RD. 561  
CITY-ST-ZIP ASTATULA FL 34705

2.2 NAME Joyia Harrison  
2.3 STREET ADDRESS 13238 PARK AVE  
2.4 CITY-ST-ZIP Astatula FL 34705

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME P  
HARRISON, WILLIAM  
STREET ADDRESS 25045 JEFFERSON STREET  
CITY-ST-ZIP ASTATULA FL 34705

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME S  
JAMES, TILLIS  
STREET ADDRESS 13404 S. CAROLINA AVENUE  
CITY-ST-ZIP ASTATULA FL 34705

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME T  
HARRISON, JOYIA  
STREET ADDRESS P.O. BOX 2 - 25146 CR 561  
CITY-ST-ZIP ASTATULA FL 34705

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

CR2E037 (9/96)