

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000003433 (9)

1. Corporation Name

**POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 41
0 INC.**



Principal Place of Business

Mailing Address

**200 COMMONWEALTH AVE
POLK CITY FL 33868**

**P O BOX 872
POK CITY FL 33968**

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

06/12/1995

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

POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCPHERSON, GUY
200 COMMONWEALTH AVE
POLK CITY FL 33868**

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

Guy F. McPherson

GUY F. MCPHERSON

DIRECTOR

4-8-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCPHERSON, GUY	
STREET ADDRESS	230 CARTER BLVD	
CITY - ST - ZIP	POLK CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, SCOTT	
STREET ADDRESS	10200 STEPHENS DR.	
CITY - ST - ZIP	POLK CITY FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WEEKS, TERRI	
STREET ADDRESS	5583 CITRUS HILL DR	
CITY - ST - ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, JIM	
STREET ADDRESS	631 TAVARES RD	
CITY - ST - ZIP	POLK CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MIKE	
STREET ADDRESS	8903 HAMMOCK LOOP	
CITY - ST - ZIP	POLK CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEAL, PAUL	
STREET ADDRESS	11012 SE 33	
CITY - ST - ZIP	POLK CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SYLVAIN HAMEL	
1.3 STREET ADDRESS	130 CARTER BLVD.	
1.4 CITY - ST - ZIP	POLK CITY, FL 33868	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	SECRETARY - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES CLARK	
3.3 STREET ADDRESS	631 TAVARES ROAD	
3.4 CITY - ST - ZIP	POLK CITY, FL 33868	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CRYSTAL CLARK	
4.3 STREET ADDRESS	631 TAVARES ROAD	
4.4 CITY - ST - ZIP	POLK CITY, FL 33868	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GUY MCPHERSON	
5.3 STREET ADDRESS	230 CARTER BLVD	
5.4 CITY - ST - ZIP	POLK CITY, FL 33868	
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 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: *Sylvain Hamel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVAIN HAMEL

4-10-96

Date

941-984-1148

Daytime Phone #

CR2E037 (12/95)