

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97-SEP-22 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9400000 6144
1. Corporation Name
SAMPSON VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
10001 CARTWHEEL BAY AVENUE
JACKSONVILLE, FL. 32259

2. Principal Place of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12-16-94	7-9-96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3296552	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

WILLIAM STRATTON
505 LOT A RANCH ROAD
PONTA VEDRA BEACH, FL.
32082

10. Name and Address of New Registered Agent

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 William E. Stratton DATE 9-22-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	WILLIAM STRATTON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	505 LOT A RANCH ROAD	1.2 NAME	
STREET ADDRESS	PONTA VEDRA BEACH, FL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	32082	1.4 CITY-ST-ZIP	
TITLE D	ROBERT HOWELL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS AVE.	2.2 NAME	
STREET ADDRESS	ST. AUGUSTINE, FL.	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	BRENDA YARBROUGH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10795 RUSSELL SAMPSON RD.	3.2 NAME	1000022991
STREET ADDRESS	JACKSONVILLE, FL. 32259	3.3 STREET ADDRESS	-09/22/97--01004--026
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****70.00 *****70.00
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William E. Stratton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-97

Date Daytime Phone #

CR2E037 (9/96)