

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

DOCUMENT # N95000000042 (0)

1. Corporation Name

INVERNESS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

105 S APOPKA AVE
INVERNESS FL 34452

Mailing Address

105 S APOPKA AVE
INVERNESS FL 34452

3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report
N/A 1st Report

2. Principal Place of Business

21 SAME

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

N/A

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

JOHNSON, WAYNE
105 S APOPKA AVE
INVERNESS FL 34452

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

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 CD
NAME HARDY, RAYMOND JR.
STREET ADDRESS 105 S APOPKA AVE
CITY-ST-ZIP INVERNESS FL 34452

☒ DELETE

TITLE PD
NAME ROCHFORD, TERRANCE
STREET ADDRESS 105 S APOPKA AVE
CITY-ST-ZIP INVERNESS FL 34452

☐ DELETE

TITLE VD
NAME DOOLEY, WILLIAM JR.
STREET ADDRESS 105 S APOPKA AVE
CITY-ST-ZIP INVERNESS FL 34452

☐ DELETE

TITLE TD
NAME JOHNSON, WAYNE
STREET ADDRESS 105 S APOPKA AVE
CITY-ST-ZIP INVERNESS FL 34452

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CA
1.2 NAME JAMES R. SIMON
1.3 STREET ADDRESS 105 S. APOPKA AVE
1.4 CITY-ST-ZIP INVERNESS FL

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: *Wayne Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-96 352-726-1073
Date Daytime Phone #

CR2E037 (12/95)