

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 # N95000000994 (2)

1. Corporation Name

VOLUNTEER FIREFIGHTER CHARITABLE TRUSTS, INC.



Principal Place of Business

Mailing Address

1312 BALBOA FAMILY SERVICES AGENCY
PANAMA CITY FL 32401

1312 BALBOA FAMILY SERVICES AGENCY
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

03/01/1995

3a. Date of Last Report

FIRST

2. Principal Place of Business

2a. Mailing Address

21 3416 HWY 390

26 P.O. Box 1032

4. FEI Number

59-3295913

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 City & State

PANAMA CITY, FL

28 City & State

PANAMA CITY, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

32405

25 Country

BAY

29 Zip

32402

30 Country

BAY

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 32402

10. Name and Address of New Registered Agent

STOUT, TERRY L
1332 W 15 STREET
WESTERN SOUTHERN BLDG
PANAMA CITY FL 32401

81 Name

STOUT, TERRY L

82 Street Address (P.O. Box Number is Not Acceptable)

516 N. TYNDALL PKWY

83

84 City

PANAMA CITY

FL

85 Zip Code

32404

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

TERRY L. STOUT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-21-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME PSD
STOUT, HANNAH
STREET ADDRESS 201 W 14 STREET BOX 11
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE

NAME VTD
STOUT, BENJAMIN
STREET ADDRESS 201 W 14 STREET BOX 11
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ☐ DELETE

NAME DIRECTOR / TRUSTEE
STOUT, TERRY
STREET ADDRESS 3416 HWY 390
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 in an attachment with an address.

SIGNATURE:

HANNAH STOUT

3/27/96

769-1217

Date

Daytime Phone

CR2E037 (12/95)