## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 💊 DIVISION OF CORPORATIONS

1996

N95000002817 (3) DOCUMENT #

GARDEN CITY VOLUNTEER FIRE DEPARTMENT, IN
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	N CITY VOLUNTEER FIRE DE				
Principal Place o	of Business	Mailing Address	_	\ -	
C/O 11306 ROSS BOULEVARD  JACKSONVILLE FL 32218  C/O 11306 ROSS BOULEVARD  JACKSONVILLE FL 32218			RD	2. Data incorporated or Chaliford	3a. Date of Last Report
				<ol> <li>Date Incorporated or Qualified 06/12/1995</li> </ol>	Date of East Hoper.
		2a. Mailing Address		4. FEI Number	Applied For
2. Principal Plac		26 11248 Ross	BIVd.	KN59-1112965	Not Applicable
21 11249 Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite, Apt. #	. 0.0.	27			Fee risquires
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 Jax.	F1.	28 Jax., Fl.		Trust Fund Contribution	
Zip	Country	Zip	Davel	This corporation has liability for i     Florida Statutes	Yes W No
24 3AAI	8 25 Duvil	29 32218 30	Da vei	10. Name and Address of New R	egistered Agent
	9. Name and Address of Current F	registered Agent	81 Name		
			1 1	Same Address (P.O. Box Number is Not Acceptab	la)
LEE, CAI	RL E		82 Street	Address (M.O. box humber is not Acceptab	
-10272 M	ANACO DRIVE		83		
JACKSO	NVILLE FL 32218				85 Zip Code
			84 City		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable (NOTE Fu	agisterad Agent signature r	reporation submits this statement for the pur board of directors. I hereby accept the app required wher reinstating)  ADDITIONS CHANGS S TO OFF	DATE ICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DIRECTORS	1.1 THILE	V	Change Addition
TITLE	V	<b>X</b>	1.2 NAME	Ray Mc Guire	• •
NAME	Donna Milberger 10830 Copper Hill De	١.	1 3 STREET ADORESS	3423 Von Darien	
STREET ADDRESS	I		1.4 CiTY-ST-ZiP	Jax F1. 32218	
CITY-ST-ZIP	J.x. F1. 32218	DELETE	2 1 TITLE	C	Change Additio
TITLE	S Allan Milberger	7\	2 2 NAME	Ir. al Harms	1
NAME	10830 Copper Hill DR		2 3 STREET ADDRESS	10 607 Biscayne Bir	c ·
STREET ADDRESS	Jay F1. 32218		2 4 GITY - ST - ZIP	Jax., Fl. 32218	
CITY-ST-ZIP TITLE	D	DEFELE	3 1 TITLE		Change Addition
NAME	CARL LEE		3.2 NAME		
STREET ADDRESS	10272 MONACO DE.		33 STREET ADDRESS		
CITY-ST-ZIP	JAK, F1. 32218		3 4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	D	DELETE	4.1 TITLE		LJ Shighinge LJ Modelet
NAME	Albert Richardson		4 2 NAME		
STREET ADDRESS	11244 Lorence Ave.		4.3 STREET ADDRESS	3000017	88593
CITY-ST-ZIP	Jax. Ft. 32218		4.4 CITY - 91-21F	-04/22/9601	N35DØ5Change ☐ Addition
TITLE	D	DELETE	51 TiTLE .	***70.00	CO CAROLONGO CONTRA
NAME	Vavia With		5 2 NAME		
STREET ADDRESS		1402	5 3 STREET ADORESS	·	
DITY-ST-ZIP	Jan. Ft. 32218		5 4 CHTY - ST - ZIP	<del> </del>	Change Additi
TITLE	Q	DELETE	61 TITLE	Carl Harms	
1	No and Colors		6.2 NAME	Carl Marms	

SIRELI ADURESS

CITY-ST-ZIP

Jax F1. 32218

64 CITY-ST-ZIP

Jax F1. 32218

64 CITY-ST-ZIP

Jax F1. 32218

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 certify 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. 4/7/96 904.751.1378

6 3 STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ray Mc Guite

NAME

10607 Biscayne Blvd.