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 # 759050 (8)

1. Corporation Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
4000 RT 2 BOX ~~X~~ WEST DORCH STREET FT WHITE FL 32038	4000 RT 2 BOX ~~X~~ WEST DORCH STREET FT WHITE FL 32038

3. Date Incorporated or Qualified: 07/07/1981

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2918788 ☐ Applied For ☐ Not Applicable

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

HUDSON, Z E
S. BRYANT ST.
FORT WHITE FL 32038

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KOON, W. D.		1.2 NAME	
STREET ADDRESS	HWY 47 NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 0		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	O'STEEN L.		2.2 NAME	
STREET ADDRESS	C-138		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 0		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, Z E		3.2 NAME	
STREET ADDRESS	S BRYANT ST, PO 12		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 00000		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, JOE F.		4.2 NAME	
STREET ADDRESS	BOX 114 SR 47 & US HWY27		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE, FL 0		4.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TERRY, EARL		5.2 NAME	
STREET ADDRESS	RT 2 BOX 249 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WHITE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WHITLEY, WILLIAM E.		6.2 NAME	
STREET ADDRESS	RT 2 BOX 945 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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: J. Edmund Hudson J. Edmund Hudson 28 MAY 96 904/497-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #