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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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
RT 2 BOX 4000 WEST DORCH STREET FT WHITE FL 32038 US	RT 2 BOX 4000 WEST DORCH STREET FT WHITE FL 32038 US

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

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

2. Principal Place of Business — 21:
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:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 (10/97)

14. I 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: Jollie Edmund Hudson III 01/14 Edmund Hudson 1-6-98 904-497-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #