

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90011 038 ****61.25

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DOCUMENT # 721493

1. Corporation Name

CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

5302 W. THONOTOSASSA
PO BOX 1303
PLANT CITY FL 33565-8425

Mailing Address

5302 W. THONOTOSASSA
PO BOX 1303
PLANT CITY FL 33565-8425



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

08/10/1971

4. FEI Number

59-1720887

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

9. Name and Address of Current Registered Agent

FLOYD, CHARLES L SR.
1912 W HUNTER RD.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

Gerald Walker

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

4811 W. BOOTH RD

83

84 City

Plant City

FL

85 Zip Code

33565

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 ☐ DELETE
NAME TD
STREET ADDRESS WALKER, RHONDA D
CITY-ST-ZIP 4811 W. BOOTH RD.
PLANT CITY, FL 33565

TITLE ☐ DELETE
NAME D
STREET ADDRESS BUTI, DAVID
CITY-ST-ZIP 1246 TERRACE DRIVE
PLANT CITY, FL 33565

TITLE ☐ DELETE
NAME SD
STREET ADDRESS COLLINS, DORCAS
CITY-ST-ZIP 4635 W KNIGHTS GRIFFIN RD
PLANT CITY FL

TITLE ☐ DELETE
NAME FLOYD, CHARLES L SR
STREET ADDRESS 1912 W HUNTER RD.
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE ☐ DELETE
NAME CD
STREET ADDRESS WALKER, GERALD
CITY-ST-ZIP 4811 W BOOTH RD.
PLANT CITY, FL 33565

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Director
4.3 STREET ADDRESS Darlene Himmelright
4.4 CITY-ST-ZIP 4609 Miley Rd
PLANT CITY, FL 33565

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

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

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 all other like empowered.

SIGNATURE:

Rhonda D. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda D. Walker

Date

Daytime Phone #

1/9/99 613
757-3915

CR2E037 (11/98)