

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90075 007 \*\*\*\*61.25

0075885

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 736290

1. Corporation Name

TERESSA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1692 SE 81ST ST  
 STARKE FL 32091  
 US

Mailing Address

ROUTE 3, BOX 688  
 STARKE FL 32091  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/06/1976

4. FEI Number

04-0012300

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

PREVATT, MYRON C. JR.  
 PALMETTO AT NIGHTINGALE  
 BOX 634  
 KEYSTONE HEIGHTS FL

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

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 ACD  DELETE  
 NAME DAMPIER, JOEY  
 STREET ADDRESS ROUTE 3, BOX 665  
 CITY-ST-ZIP STARKE, FL 00000 32091

TITLE TD  DELETE  
 NAME LEE, JESSIE J.  
 STREET ADDRESS ROUTE 3 BOX 688  
 CITY-ST-ZIP STARKE, FL 00000 32091

TITLE D  DELETE  
 NAME SULLIVAN, PERCY S, JR  
 STREET ADDRESS CR 18 RT 3 BOX 1175  
 CITY-ST-ZIP STARKE, FL 00000

TITLE S  DELETE  
 NAME HODGES, DANIEL  
 STREET ADDRESS 6084 SE 4TH AVE  
 CITY-ST-ZIP KEY STONE HGHTS, FL00000 32091

TITLE PD  DELETE  
 NAME HERSEY, JASON  
 STREET ADDRESS ROUTE 3 BOX 701  
 CITY-ST-ZIP STARKE FL 32091

TITLE VP  DELETE  
 NAME HOLLINGSWORTH, KEITH  
 STREET ADDRESS ROUTE 3 BOX 715  
 CITY-ST-ZIP STARKE FL 32091

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 S/T/D  Change  Addition  
 2.2 NAME Jessie J. Lee  
 2.3 STREET ADDRESS Rt 3 Box 688  
 2.4 CITY-ST-ZIP Starke, FL- 32091

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  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *Jason Hersey* SIGNATURE: JASON HERSEY

4/04/99  
 Date

352-473-3237  
 Daytime Phone #

CR2E037 (11/98)