

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N96000005960**

1. Corporation Name

**OSTEEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.**

Principal Place of Business

180 NORTH STATE ROAD 415  
OSTEEN FL 32764

Mailing Address

180 NORTH STATE ROAD 415  
OSTEEN FL 32764

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90011 027 \*\*\*\*61.25

610775-90011-27 5 \*



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

11/21/1996

4. FEI Number

59-3411659

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

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 PD  
NAME GILMORE, HENRY  
STREET ADDRESS 180 NORTH STATE ROAD 415  
CITY-ST-ZIP OSTEEN FL 32764 ☒ DELETE

TITLE VD  
NAME OWENS, STEPHEN  
STREET ADDRESS 180 NORTH STATE ROAD 415  
CITY-ST-ZIP OSTEEN FL 32764 ☐ DELETE

TITLE STD  
NAME BUCHANAN, JEFF  
STREET ADDRESS 180 NORTH STATE ROAD 415  
CITY-ST-ZIP OSTEEN FL 32764 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME OWENS, STEPHEN  
1.3 STREET ADDRESS 180 NORTH STATE RD 415  
1.4 CITY-ST-ZIP OSTEEN, FL 32764

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME MAPLE, MIKE  
2.3 STREET ADDRESS 180 NORTH STATE RD 415  
2.4 CITY-ST-ZIP OSTEEN, FL 32764

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME BUCHANAN, JEFF  
3.3 STREET ADDRESS 180 NORTH STATE RD 415  
3.4 CITY-ST-ZIP OSTEEN, FL 32764

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME HAWKESWORTH, MELINDA  
4.3 STREET ADDRESS 180 NORTH STATE RD 415  
4.4 CITY-ST-ZIP OSTEEN, FL 32764

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: Stephen G. Owens **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 8-21-99 Daytime Phone # 407-328-5790

CR2E037 (5/99)