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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 700973

1. Corporation Name

SEFFNER-MANGO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
1706 S KINGSWAY AVE. SEFFNER FL 33584-5348 US	P O BOX 447 SEFFNER FL 33583-0447

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/18/1960	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3015478	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADLEY, J. PRICE 1113 MELROSE SEFFNER FL 33584	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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, BRAD J.		1.2 NAME	
STREET ADDRESS	1113 MELROSE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER, FL 00000		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, HENRY T. SR.		2.2 NAME	
STREET ADDRESS	603 W WHEELER RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL		2. 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, GRANT E		3.2 NAME	
STREET ADDRESS	1009 N PARSONS		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL		3.4. CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PRICE, BEVERLY		4. 2 NAME	
STREET ADDRESS	113 MELROSE		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BEATTY, CHRIST		5.2 NAME	
STREET ADDRESS	9336 EDEN DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VALENTIN, ELI		6.2 NAME	
STREET ADDRESS	1343 EAGLEVIEW DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 33510		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: Henry T. Price Sr. SIGNATURE REQUIRED 1-8-99 813 689-1427 684 9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)