


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 22 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 # 703034 (9)

1. Corporation Name

FORT MYERS SHORES VOLUNTEER FIRE COMPANY NO. 1,  
OF THE FORT MYERS SHORES FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

12345 PALM BEACH BLVD S.E.  
FORT MYERS FL 33905

12345 PALM BEACH BLVD S.E.  
FORT MYERS FL 33905

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MCGEACHIE, DOUGLAS R.  
12345 PALM BEACH BLVD. S.E.  
FORT MYERS FL 33905

3. Date Incorporated or Qualified

10/18/1961

4. FEI Number

65-0076857

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

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 ☐ DELETE

NAME DUNCAN, DAVID D  
STREET ADDRESS 12345 PALM BCH BLVD SE  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE V ☐ DELETE

NAME FEWELL, DONALD  
STREET ADDRESS 2194 SANTIAGO  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE D ☐ DELETE

NAME SIKES, JAMES J  
STREET ADDRESS 12345 PALM BCH BLVD  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE ST ☐ DELETE

NAME PIPKINS, D S  
STREET ADDRESS 13420 1ST ST  
CITY-ST-ZIP FT MYERS, FL 00000

TITLE D ☐ DELETE

NAME MCGEACHIE, DOUGLAS R  
STREET ADDRESS 12345 PALM BCH BLVD  
CITY-ST-ZIP FT MYERS, FL 00000

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

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.

SIGNATURE:

David D Duncan PD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-98  
Date

694-2833  
Daytime Phone #

CRZE037 (5/98)