

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**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90011 040 \*\*\*\*70.00

**DOCUMENT # 704075**

1. Corporation Name

**MIDDLEBURG VOLUNTEER FIREFIGHTERS ASSOCIATION, I  
NC.**

Principal Place of Business

**4003 EVERETT AVENUE  
MIDDLEBURG FL 32068  
US**

Mailing Address

**P O BOX 550  
MIDDLEBURG FL 32050-0550  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**05/22/1962**

4. FEI Number

**NOT APPLICABLE**

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

**HEIMBACH, LEON P  
3465 SANDY OAK RD.  
MIDDLEBURG FL 32068**

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

*Leon P. Heimbach*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/29/99**  
DATE

12. OFFICERS AND DIRECTORS

**PD** ☐ DELETE  
**NAME** HEIMBACH, LEON  
**STREET ADDRESS** 3465 SANDY OAK RD.  
**CITY-ST-ZIP** MIDDLEBURG FL 32068

**VD** ☐ DELETE  
**NAME** KERSEY, BILLY J  
**STREET ADDRESS** 2425 IRIS ST.  
**CITY-ST-ZIP** MIDDLEBURG FL 32068

**TD** ☐ DELETE  
**NAME** WALDEN, JERRY  
**STREET ADDRESS** 2170 ACORN MANOR  
**CITY-ST-ZIP** MIDDLEBURG FL

**SD** ☒ DELETE  
**NAME** HEIMBACH, DANA  
**STREET ADDRESS** 3465 SANDY OAK RD.  
**CITY-ST-ZIP** MIDDLEBURG FL 32068

**D** ☐ DELETE  
**NAME** HITCHCOCK, TRACY  
**STREET ADDRESS** 3465 SANDY OAK DR.  
**CITY-ST-ZIP** MIDDLEBURG FL 32068

☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1** TITLE  
**1.2** NAME  
**1.3** STREET ADDRESS  
**1.4** CITY-ST-ZIP

☐ Change ☐ Addition

**2.1** TITLE  
**2.2** NAME  
**2.3** STREET ADDRESS  
**2.4** CITY-ST-ZIP

☐ Change ☐ Addition

**3.1** TITLE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY-ST-ZIP

☐ Change ☒ Addition

**4.1** TITLE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY-ST-ZIP

☐ Change ☐ Addition

**5.1** TITLE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY-ST-ZIP

☐ Change ☐ Addition

**6.1** TITLE  
**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:

*Leon P. Heimbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/29/99 (904) 269-6330**

CR2E037 (11/98)

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