

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90024 011 ****61.25

0037175

DOCUMENT # 705603

1. Corporation Name

**THE RAVENSWOOD-GRIFFIN VOLUNTEER FIRE DEPARTMENT
, INC.**

Principal Place of Business

**2449 WHALE HARBOR LANE
FT. LAUDERDALE FL 33312
US**

Mailing Address

**2449 WHALE HARBOR LANE
FT. LAUDERDALE FL 33312
US**



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

05/15/1963

4. FEI Number

59-1544066

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

**PHILLIPS, STEPHENS L
2449 WHALE HARBOR LANE
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name **STEPHEN L. PHILLIPS**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **3101 SW 16 ST.**

84 City **FT. LAUD.**

FL **85** Zip Code **33312**

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 **PHILLIPS, STEPHEN L**
STREET ADDRESS **3101 SW 16TH ST**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **SD** ☐ DELETE
NAME **GAUTHIER, WESS**
STREET ADDRESS **7172 SPORTSMAN DR.**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **TD** ☐ DELETE
NAME **STACK, KATHERINE**
STREET ADDRESS **2449 WHALE HARBOR LN.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **TD** ☐ DELETE
NAME **STACK, KATHERINE**
STREET ADDRESS **2449 WHALE HARBOR LN**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ DELETE
NAME **COCHRAN, WAYNE**
STREET ADDRESS **414 SW 7TH ST**
CITY-ST-ZIP **FT LAUDERDALE, FL 0**

TITLE **D** ☐ DELETE
NAME **RIMAVICUS, PAUL**
STREET ADDRESS **4649 SW 32ND AVE**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-99 954583-8648

CR2E037 (11/98)