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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # 709549

1. Corporation Name

STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

6180 2ND STREET AND MALONEY AVE.

STOCK ISLAND

Mailing Address

6180 2ND STREET AND MALONEY AVE.

STOCK ISLAND



04-14-1999 90122 018 ****61.25

KEY WEST FL	33040	KEY WEST FI	L 33040							EIBIR IBII OIBII BI		i 311 11011 1081
2. Principal P	lace of Business	2a. Mailing A	ddress	<u></u>				Date Incorpora 09/07/1965		fed		
Suite, Apt.	#, etc.	Suite, Apr						FEI Number 59-223933 9)		\- 	oplied For ot Applicable
City & Stat	e	City & St					5.	Certificate of St	atus Desired	d 🗆		Additional equired
Zip	Country 25	Zip	30	Country	/		1	Election Camp Trust Fund Co	-	ing 🛘		May Be to Fees
	9. Name and Address of Curre	nt Registered Age	nt				10.	Name and Ad	dress of Ne	w Registered	Agent	
				81	Na	me	-					
FOLSOM, WALLACE L. 26A 12TH AVE., S.I.					Str	eet Addre	ss (P.	O. Box Numbe	r is Not Acc	eptable)	,	
KEY WEST FL 33040					1	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	:			84	Cit	y ·				FL	85 Zip	Code
office or o	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such ch	hange was auth	iorized by	the d	ned corpo corporation	ration n's boa	submits this st ard of directors	atement for . I hereby ac	the purpose of	f changing its	registered egistered
SIGNATURE	•											
	Signature, typed or printed name of registered age		(NOTE: Re		nt signe	beriuper erute				DATE		
12.		ND DIRECTORS		13.			A	DDITIONS/CH	ANGES TO	OFFICERS A		
TITLE	VD		3 DELETE	1,1 TITLE		Ì					☐ Change	Additio
NAME	LAMBERSON, ALLAN T			1.2 NAME		- 1						
STREET ADDRESS	l .			1.3 STREE	T ADDR	RESS					1 .	
CITY-ST-ZIP	KEY WEST FL 33040			1.4 CITY-S	T-ZIP	-				.		
TITLE	D		DELETE !	2.1 TITLE							Change	Addition Addition
NAME	JARRELLS, KENNETH J			2.2 NAME		- 1						
STREET ADDRESS	14 LUNA LN B C			2.3 STREE	T ADDR	RESS						
CITY-ST-ZIP	KEY WEST FL 33040			2. 4 CITY-5	ST-ZIP.							
TITLE	STD	T I	DELETE	3.1 TITLE						,	☐ Change	Additio
NAME	GALLOWAY, MARIE L			3.2 NAME								-

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 attachmight with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

18 ROBERTA STREET SI

KEY WEST, FL 00000

GALLOWAY, PAUL L.

18 ROBERTA ST., SI.

FOLSOM, WALLACE L.

26A-12TH AVENUE, SI

KEY WEST, FL 00000

101 ROYS TRL PRK SI

KEY WEST, FL 00000

MARA, FRANK E

KEY WEST, FLORIDA 00000

REQUIVATTADE L Folsom

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

☐ DELETE

f/07/99

305-296-3088 Daytime Phone #

Change

☐ Change

☐ Change

Addition

☐ Addition

Addition

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