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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 709830

1. Corporation Name

SWITZERLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

~~2059 STATE ROAD 13~~
SWITZERLAND FL 32259-9256
US

Mailing Address

~~2059 STATE ROAD 13~~
SWITZERLAND FL 32259-9256
US



2. Principal Place of Business

21 **1120 Sheffield Rd**
Suite, Apt. #, etc.

22 City & State

23 Zip **32259** Country **USA**

24 **32259** Country **USA**

2a. Mailing Address

26 **1120 Sheffield Rd**
Suite, Apt. #, etc.

27 City & State

28 Zip **32259** Country **USA**

29 **32259** Country **USA**

3. Date Incorporated or Qualified

10/28/1965

4. FEI Number

59-2959604

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

WHITE, NEALY
1620 RAINCROW DRIVE
SWITZERLAND FL 32259

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 **WHITE, NEALY**
STREET ADDRESS **1620 RAINCROW DRIVE**
CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **SD** ☐ DELETE
NAME **MCDONNELL, LORETTA**
STREET ADDRESS **726 ST. MORITZ CT**
CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **CD** ☐ DELETE
NAME **HATLEY, JOHN**
STREET ADDRESS **472 FRUIT COVE RD.**
CITY-ST-ZIP **FRUIT COVE FL 32259**

TITLE **D** ☒ DELETE
NAME **MARX, CARLE**
STREET ADDRESS **1140 HOLLYBERRY LANE**
CITY-ST-ZIP **SWITZERLAND FL 32259**
deceased 11-11-98

TITLE **D** ☐ DELETE
NAME **GANEY, ROBIN R**
STREET ADDRESS **2333 MARLEE RD S**
CITY-ST-ZIP **SWITZERLAND FL 32259**

TITLE **TD** ☐ DELETE
NAME **SPEELMAN, VICKI A**
STREET ADDRESS **1380 SCOTT RD**
CITY-ST-ZIP **SWITZERLAND FL 32259**

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:

Neal White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-22-99 **287-0701**
fire dept. #

CR2E037 (11/98)