


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **714336** (5)

1. Corporation Name

ASTOR VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102**

**55936 BLUE CREEK RD
P.O. BOX 134
ASTOR FL 32102**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

03/28/1968

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIS, MARY LU
55317 CLAIRE STREET
ASTOR FL 32102**

81 Name	Bellew, Nancy
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	23935 Panther Rd.
84 City	Astor
85 Zip Code	FL 32102

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

Nancy Bellew

Nancy Bellew

04/27/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	ROWLAND, JAN	
STREET ADDRESS	ERMINE ROAD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUNKIS, EILEEN	
STREET ADDRESS	OTTER ROAD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEETON, BETH	
STREET ADDRESS	CHERRY TREE RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, MARY LU	
STREET ADDRESS	CLAIRE ST	
CITY-ST-ZIP	ASTOR FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUFFMASTER, DONALD	
STREET ADDRESS	BOBCAT ROAD	
CITY-ST-ZIP	ASTOR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, GEORGE	
STREET ADDRESS	CARL ST.	
CITY-ST-ZIP	ASTOR FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bellew, Nancy
4.3 STREET ADDRESS	23935 Panther Rd.
4.4 CITY-ST-ZIP	Astor FL 32102
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Gustafson
6.3 STREET ADDRESS	54730 Gustafson Dr.
6.4 CITY-ST-ZIP	Astor FL 32102

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: *Donald D. Huffmaster* **Donald D. Huffmaster** **4/15/98** **352-759-2260**

CR2E037 (10/97)