

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 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90058 048 \*\*\*\*61.25

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**DOCUMENT # 714336**

1. Corporation Name

**ASTOR VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

9. Name and Address of Current Registered Agent

**BELLEW, NANCY**  
**23935 PANTHER ROAD**  
**ASTOR FL 32102**

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

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 ☐ DELETE

NAME **S ROWLAND, JAN**  
STREET ADDRESS **ERMINE ROAD**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D RUNKIS, EILEEN**  
STREET ADDRESS **OTTER ROAD**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D MCKEETON, BETH**  
STREET ADDRESS **CHERRY TREE RD**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **P BELLOW, NANCY**  
STREET ADDRESS **23935 PANTHER ROAD**  
CITY-ST-ZIP **ASTOR FL 32102**

TITLE ☐ DELETE

NAME **T HUFFMASTER, DONALD**  
STREET ADDRESS **BOBCAT ROAD**  
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ DELETE

NAME **D GUSTAFSON, ROBERT**  
STREET ADDRESS **54730 GUSTAFSON DRIVE**  
CITY-ST-ZIP **ASTOR FL 32102**

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:

**Donald Huffmaster**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/99**  
Date

**352-759-2260**  
Daytime Phone #

CR2E037 (1/98)