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NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03 1998 8:00am
Secretary of State

DOCUMENT # **716592** (1)

1. Corporation Name

BASSVILLE PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

**11305 PARK AVENUE
LEESBURG FL 34788**

**11305 PARK AVENUE
LEESBURG FL 34788**

3. Date Incorporated or Qualified

05/21/1969

4. FEI Number

59-2385138

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, EARL
33305 CR 973
LEESBURG FL 34788**

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 *Earl Harris*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD HARRIS, EARL**

STREET ADDRESS **33305 CR 473**

CITY-ST-ZIP **LEESBURG FL**

Earl Harris

TITLE ☒ DELETE

NAME **VPD BURKE, JEFF**

STREET ADDRESS **10843 S STREET**

CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **STD WHITING, DONNA**

STREET ADDRESS **11145 MOORE ST**

CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME **VPD DUTY, LINDA**

STREET ADDRESS **11332 LOCKEWOOD ST**

CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

Earl Harris

CR2E037 (10/97)