


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90021 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 716592					
1. Corporation Name BASSVILLE PARK VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 11305 PARK AVENUE LEESBURG FL 34788			Mailing Address 11305 PARK AVENUE LEESBURG FL 34788		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/21/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2385138	
25 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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			
				34788			

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 Donna P. Whiting DATE 2-1-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, EARL			1.2 NAME	Whiting Donna P.		
STREET ADDRESS	33305 CR 473			1.3 STREET ADDRESS	11145 Moore St		
CITY-ST-ZIP	LEESBURG FL			1.4 CITY-ST-ZIP	Leesburg, FL 34788		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WHITING, DONNA			2.2 NAME	MARK NOLETTE		
STREET ADDRESS	11145 MOORE ST			2.3 STREET ADDRESS	33025 JODEE CT.		
CITY-ST-ZIP	LEESBURG FL			2.4 CITY-ST-ZIP	LEESBURG, FL 34788		
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUTY, LINDA			3.2 NAME	LINDA S. DUTY		
STREET ADDRESS	11332 LOCKWOOD ST			3.3 STREET ADDRESS	P.O. Box 815296		
CITY-ST-ZIP	LEESBURG FL			3.4 CITY-ST-ZIP	LEESBURG, FL 34789-5296		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	603 E. ROSEWOOD Ln.		
STREET ADDRESS				4.3 STREET ADDRESS	TAVARES, FL 32778		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: Donna P. Whiting DATE: 2-1-99 DAYTIME PHONE #: 352-742-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)