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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 71774

1. Corporation Name INGLIS VOLUNTEER FIRE DEPARTMENT, INC.									
Principal Place of Business Mailing Address									÷
C. R. HIGHWA' P.O. BOX 461 INGLIS FL 344 LE		C. R. HIGHWAY 40 W. P.O. BOX 461: INGLIS FL 34449 US							
 7	lace of Business	2a. Mailing Address				3. Date Incorporated or Q 12/16/1969	ualifed		
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			4. FEI Number 59-1722164		 	oplied For ot Applicable
City & Stat	е	City & Sta	te			5. Certifcate of Status Des	sired 🗆	-	Additional equired
Zip	Country 25	Zip 29	30	Country	,	Election Campaign Fina Trust Fund Contribution	* 11	-	May Be to Fees
	9. Name and Address of Curre	nt Registered Ager	ıt			10. Name and Address of	New Registered	Agent	
CROSSMA	N ROGER I			81	1	t Address (P.O. Box Number is Not	Accantable)	,	
CROSSMAN, ROGER L 19531 SE 112 TERR.					Street	(Address (F.O. Box Humber is Not)	-cceptable/		
INGLIS FL 34449 115 13 35 5					1				
Section 18 10 1 18 10 10 10 10 10 10 10 10 10 10 10 10 10				84	City		FL 85 Zip Code		
office or a	to the provisions of Sections 617.05	e of Florida. Such ch	ange was authori	zed by	the con	d corporation submits this statement poration's board of directors. I hereb	for the purpose of	f changing its	registered egistered
-	Signature, typed or printed name of registered ag				-	required when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DT		DELETE 1	1 TITLE				Change	Addition
NAME	WATSON, BUDDY		1	2 NAME					
STREET ADDRESS	11825 SE 195 LANE		1	3 STREE	T ADDRESS	<u>, </u>			i
CITY-ST-ZIP	DUNNELLON FL 34431		1	4 CITY-S	T-ZIP			_	
TITLE	P		DELETE 2	1 TITLE				☐ Change	Addition
NAME	SELLNER, WILLIAM T		2	2 NAME					
STREET ADDRESS	6400 RIVERSIDE DRIVE		2	3 STREE	T ADDRESS	5	•		
CITY-ST-ZIP	YANKEETOWN FL 34498		2	4 CITY-:	ST-ZIP			<u>_</u>	
TITLE	VP		DELETE - 3	1 TITLE				☐ Change	☐ Addition
NAME	GOODE, DONALD E		3	2 NAME					II.
STREET ADDRESS	8291 HWY 40 E		3	3 STREE	T ADDRESS	5			
CITY-ST-ZIP	INGLIS FL 34449			4. CITY-1	ST-ZIP				
TITLE	Τ		DELETE 4	1 TITLE		T		☐ Change	Addition
NAME	SCHIPPER, DARLENE M		4	2 NAME		Huch, Louis			
STREET ADDRESS	346 SAPP ST.		4	3 STREE	T ADDRESS		汝.		
CITY-ST-ZIP	INGLIS FL			4 CITY-9	7-ZIP	Inglia FL 344	49		
TITLE	D	Z		1 TITLE		\$ 5 Ma	ru Ann	Change	Addition
NAME	ROHRER, JON		5	2 NAME		Crossman, Ma	7 7777		:
STREET ADDRESS	653 HWY 40 F		5	3 STREE	TADORESS				

INGLIS FL 34449 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.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

INGLIS FL 34449

STREET ADDRESS 19531 SE 112 TERR.

CROSSMAN, ROGER L

REQUIRED TURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

Change