

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90026 030 ****61.25

DOCUMENT # **718394** ✓

1. Corporation Name

CORAL SPRINGS VOLUNTEER FIRE FIGHTERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2801 CORAL SPRINGS DR
POB 8652
CORAL SPRINGS FL 33065

2801 CORAL SPRINGS DR
POB 8652
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1970

1. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

Applied For

2. City & State

27. City & State

59-1856228

Not Applicable

3. Zip

Country

28. Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

4. Zip

Country

29. Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CESTONE, PASQUALE
2801 CORAL SPRINGS DRV
CORAL SPRINGS FL 33065

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, BOB	
STREET ADDRESS	6522 NW 53 ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FUCCI, T	
STREET ADDRESS	10124 ROYAL PALM BLVD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LONGANO, S	
STREET ADDRESS	4151 NW 110 AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CESTONE, PASQUALE	
STREET ADDRESS	6985 NW 29 CT	
CITY-ST-ZIP	MARGATE FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CALM, CARL	
1.3 STREET ADDRESS	4113 NW 114TH AVE.	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'CONNOR, ROBERT	
2.3 STREET ADDRESS	6522 NW 53RD.	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KING, PETER	
3.3 STREET ADDRESS	3903 NW 73RD TERR.	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99
Date

954-753-7575
Daytime Phone #