

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 719239 (6)

1. Corporation Name

HIGHLAND LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.



Principal Place of Business

2840 N HIGHLANDS BLVD.
AVON PARK FL 33825

Mailing Address

P.O. BOX 7
AVON PARK FL 33825

3. Date incorporated or Qualified

09/01/1970

3a. Date of Last Report

11/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6533620

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, JUDY
3210 W. CARMINE RD.,
AVON PARK FL 33825

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

Judy H. King

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

(NOTE: Registered Agent signature required when re-stating)

5-1-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOLIN, MICHAEL E.	
STREET ADDRESS	2132 N. ZEPHYR RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GILLARD, THOMAS	
STREET ADDRESS	1178 D.M. ERNEST RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JOLIN, MICHELLE	
STREET ADDRESS	2132 N. ZEPHYR	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KING, JUDY	
STREET ADDRESS	3210 W. CARMINE RD.	OK - AS IS
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, DON	
STREET ADDRESS	2084 N. LARAMORE RD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALLARD, THOMAS	
STREET ADDRESS	55 WAINWRIGHT WAY	
CITY-ST-ZIP	AVON PARK FL 33825	

1.1 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM C. SAGER	
1.3 STREET ADDRESS	1645 W. POINSETTIA DR	
1.4 CITY-ST-ZIP	AVON PARK, FL 33825	
2.1 TITLE	VICE PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MICHAEL E. JOLIN	
2.3 STREET ADDRESS	2132 N. ZEPHYR RD	
2.4 CITY-ST-ZIP	AVON PARK, FL 33825	
3.1 TITLE	TREASURER, DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALAN S. ASHCRAFT	
3.3 STREET ADDRESS	246 LAKE DANON DR	
3.4 CITY-ST-ZIP	AVON PARK, FL 33825	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BILL KITNER	
4.3 STREET ADDRESS	1710 W. ORANGEWOOD LN	
4.4 CITY-ST-ZIP	AVON PARK, FL 33825	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	C. J. NEWMYER	
5.3 STREET ADDRESS	2730 N. AUCCASO RD	
5.4 CITY-ST-ZIP	AVON PARK, FL 33825	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Alan S. Ashcraft TREASURER
Signature and typed or printed name of signing officer or director

5/1/96
Date

(941) 452-3807
Daytime Phone #

CR2E037 (12/95)