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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33826-0007**



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

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

3. Date Incorporated or Qualified

09/01/1970

3a. Date of Last Report

05/01/1996

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD
SAGER, WILLIAM C**
STREET ADDRESS **1545 W. POINSETTIA DR**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE

NAME **VPD
JOLIN, MICHAEL E**
STREET ADDRESS **2132 N. ZEPHYR RD**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE

NAME **TD
ASHCRAFT, ALAN S**
STREET ADDRESS **246 LAKE DAMON DR**
CITY-ST-ZIP **AVON PARK FL**

TITLE ☐ DELETE

NAME **SD
KING, JUDY**
STREET ADDRESS **3210 W. CARMINE RD.**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☐ DELETE

NAME **D
ZIMMERMAN, DON**
STREET ADDRESS **2084 N. LARRAMORE RD.**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☒ DELETE

NAME **D
BALLARD, THOMAS**
STREET ADDRESS **55 WAINWRIGHT WAY**
CITY-ST-ZIP **AVON PARK FL 33825**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D JAMES LOUGHAN
2770 BEAUFORT RD
AVON PARK, FL 33825**

14. I do 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:

Thomas Ballard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER 5/1/97 (941) 462-2906

Date

Daytime Phone # 0063410

CR2E037 (9/96)