

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90089 021 ****61.25

DOCUMENT # 720472

1. Corporation Name

ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

GIL BARRERAS
9591 N.E. 21ST AVE
ANTHONY FL 32617

Mailing Address

GIL BARRERAS
9591 N.E. 21ST AVE
ANTHONY FL 32617



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/10/1971

4. FEI Number

59-1938639

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BARRERAS, GIL
9591 N.E. 21ST AVE
ANTHONY FL 32617

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

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

(NOTE: Registered Agent signature required when reinstating)

3/15/99
Date

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	BARRERAS, GIL	
STREET ADDRESS	9591 N.E. 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	TVC	<input type="checkbox"/> DELETE
NAME	BECKLER, KEITH	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOWLIN, KARL	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL 32617	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACCARTHY, ROBIN	
STREET ADDRESS	9591 NE 21ST AVE	
CITY-ST-ZIP	ANTHONY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARRERAS, VICTORIA	
STREET ADDRESS	9591 N.E. 21ST AVE.	
CITY-ST-ZIP	ANTHONY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRERAS, DONNIE	
STREET ADDRESS	9591 N.E. 21ST AVE.	
CITY-ST-ZIP	ANTHONY FL 32617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Gil Barreras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)