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Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 720899 (4)

1. Corporation Name

THE NALCREST VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business

#1 TOWN CENTER
NALCREST ROAD
NALCREST FL 33856

Mailing Address

#1 TOWN CENTER
NALCREST ROAD
NALCREST FL 33856

3. Date Incorporated or Qualified
05/10/1971

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1004167

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

FILIPPELLI, JIM
APT 29E, PO BOX 6745
NALCREST FL 33856

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

James J. Filippelli

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

(NOTE: Registered Agent signature required when reinstating)

2/18/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	BRAY, RICHARD	APT. 48C NALCREST ROAD	NALCREST FL	<input type="checkbox"/>
V	GARRITY, TOM	APT. 27 B NALCREST ROAD	NALCREST FL	<input type="checkbox"/>
S	KRECIK, MARILYN	4 NALCREST RD., APT B	NALCREST FL	<input type="checkbox"/>
T	HERRING, LEWIS	APT 51-D, NALCREST RD	NALCREST FL	<input type="checkbox"/>
D	GARRITY, THOMAS	27 NALCREST RD APT. B	NALCREST FL	<input type="checkbox"/>
D	O'DOWD, RAYMOND	49 NALCREST RD APT G	NALCREST FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P	Fred Latulip	39 C Nalcrest Rd	Nalcrest, FL 33856	<input type="checkbox"/>	<input type="checkbox"/>
V	John Trapanese	Granada Condos - Leisure Way	Nalcrest, Fla 33856	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

Fred Latulip

2-19-97

CR2E037 (9/96)