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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720899** (4)

1. Corporation Name

THE NALCREST VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business

Mailing Address

#1 TOWN CENTER
NALCREST ROAD
NALCREST FL 33856

#1 TOWN CENTER
NALCREST ROAD
NALCREST FL 33856

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 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/10/1971

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

FILIPPELLI, JIM
APT 29E, NALCREST RD.
NALCREST FL 33856

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Jim Filippelli
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

P
NAME
BRAY, RICHARD
STREET ADDRESS
APT. 48C NALCREST ROAD
CITY-ST-ZIP
NALCREST FL

TITLE ☒ DELETE

V
NAME
GARRITY, TOM
STREET ADDRESS
APT. 27 B NALCREST ROAD
CITY-ST-ZIP
NALCREST FL

TITLE ☐ DELETE

S
NAME
KRENCIK, MARILYN
STREET ADDRESS
4 NALCREST RD., APT B
CITY-ST-ZIP
NALCREST FL

TITLE ☐ DELETE

T
NAME
HERRING, LEWIS
STREET ADDRESS
APT 51-D, NALCREST RD
CITY-ST-ZIP
NALCREST FL

TITLE ☒ DELETE

D
NAME
GARRITY, THOMAS
STREET ADDRESS
27 NALCREST RD APT. B
CITY-ST-ZIP
NALCREST FL

TITLE ☒ DELETE

D
NAME
O'DOWD, RAYMOND
STREET ADDRESS
49 NALCREST RD APT G
CITY-ST-ZIP
NALCREST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
LATULIP, FRED
1.3 STREET ADDRESS
39C NALCREST RD.
1.4 CITY-ST-ZIP
NALCREST, FL. 33856

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
TRAPANESE, JOHN
2.3 STREET ADDRESS
F-5 W. LEISURE LANE
2.4 CITY-ST-ZIP
NALCREST, FL. 33856

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
CHESTER ROGASKI
3.3 STREET ADDRESS
41C NALCREST RD
3.4 CITY-ST-ZIP
NALCREST, FL. 33856

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
JIM FILIPPELLI
4.3 STREET ADDRESS
29E NALCREST RD
4.4 CITY-ST-ZIP
NALCREST, FL. 33856

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

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.

SIGNATURE: *Jim Filippelli* JIM FILIPPELLI 1/12/98 941-696-1442

CR2E037 (10/97)