FILED DOCUMENT # 720899 May 22, 2000 8:00 am Secretary of State 1. Entity Name THE NALCREST VOLUNTEER FIRE COMPANY, INC. 04-24-2000 90103 029 ****61.25

Principal Place of Business		Mailing Address								
#1 TOWN CENTER NALCREST ROAD NALCREST FL 33856		#1 TOWN CENTER NALCREST ROAD NALCREST FLA 33856			1,003:11.178	- 15 (1816 0 610) + 0/10 1817 18	8 () 6 (8)) 6 (6)) 8 ()	11 NEG(1 B1BH	C last land	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	4. FEI Number Applied For Not Appliedble				
Zip Country		Zip Country		5. Certificate of Status Desired						
···-,	6. Name and Address of Current F	egistered Agent		7. Name and	7. Name and Address of New Registered Agent					
				Name						
CILIDDOLLI I	IIM			Street Addr	ress (P.O. Box Number	is Not Acceptable)	N 04	298		
FILIPPELLI, JIM APT 29E, PO BOX 6745		546		RX Maice	est Ko	- H	<u>~10</u>			
NALCREST	FL 33856	City		City			FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or reg	gistered agent, or both	, in the state of Flor	da.			
FILE NOW: 9. Election Campaign Finance					required when reinstating)	,	4/17/ DATE	00		
	FILE NOW:	9. Election Campaig	n Financ		\$5.00 May Be	Make	Check Pay	able to		
	FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contrib			\$5.00 May Be Added to Fees		Check Pay artment of			
10.	•	Trust Fund Contrib			Added to Fees		artment of	State	10	
10. TITLE	FEE IS \$61.25	Trust Fund Contrib	ution.		Added to Fees	Dep	artment of	State	10 Addition	
	FEE IS \$61.25	Trust Fund Contrib	ution.	£	Added to Fees	Dep	artment of	State CTORS IN		
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TITLE NAME	OFFICERS AND DIF T LATULIP, FRED	Trust Fund Contrib	11.	E AE	Added to Fees	Dep	artment of	State CTORS IN		
TITLE NAME STREET ADDRESS	FEE IS \$61.25 OFFICERS AND DIF T LATULIP, FRED 39C NALCREST RD	Trust Fund Contrib	11.	E EET ADDRESS (-ST-ZIP	Added to Fees	Dep	S AND DIREC	State CTORS IN		
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attackment with a state of the corporation of the corp

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP