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May 24, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 721076

1. Corporation Name

NARCOOSSEE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

P.O. BOX 821
ST CLOUD FL 34770-0821

Mailing Address

P.O. BOX 821
ST CLOUD FL 34770-0821



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/03/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2468619

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCEY, DAVID
1305 SOUTH LAKE AVENUE
ST. CLOUD FL 34771**

81 Name **William Terry Prather**
82 Street Address (P.O. Box Number is Not Acceptable)
5471 Jones Rd
83
84 City **St. Cloud** FL 85 Zip Code **34771**

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 **William Terry Prather** **Chairman**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

5-6-99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE
NAME **LUCEY, DAVID**
STREET ADDRESS **1305 SOUTH LAKE AVENUE**
CITY-ST-ZIP **ST CLOUD FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Skipper, Jimmy**
1.3 STREET ADDRESS **5945 Jack Brack Rd.**
1.4 CITY-ST-ZIP **St. Cloud, FL. 34771**

TITLE **D** ☒ DELETE
NAME **MC GOMMON, JOHN D**
STREET ADDRESS **5300 JOHN DAVID RD**
CITY-ST-ZIP **ST. CLOUD FL 34771**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **STEELE, DAVID A.**
2.3 STREET ADDRESS **810 N. NARCOOSSEE RD.**
2.4 CITY-ST-ZIP **ST. CLOUD, FL - 34771**

TITLE **D** ☐ DELETE
NAME **PRATHER, TERRY**
STREET ADDRESS **5471 JONES RD**
CITY-ST-ZIP **ST CLOUD FL**

3.1 TITLE **CO** ☐ Change ☐ Addition
3.2 NAME **Same**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FISCHER, RUSS**
STREET ADDRESS **5365 JONES RD**
CITY-ST-ZIP **ST CLOUD FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **STUCKIE, MARK**
STREET ADDRESS **5170 THOMPSKINS DR**
CITY-ST-ZIP **ST CLOUD FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **Prather, Buddy**
5.3 STREET ADDRESS **5475 Jones Rd**
5.4 CITY-ST-ZIP **St. Cloud, FL.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-99 **407-891-1405**
Date Daytime Phone #

CR2E037 (1/98)