

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90021 025 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 722005

1. Corporation Name

SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

25054 NE COUNTY RD. 316
P.O. BOX 5108
SALT SPRINGS FL 32134-108
US

Mailing Address

25054 NE COUNTY RD. 316
P.O. BOX 5108
FT. MCCOY FL 32134-5108



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

3. Date Incorporated or Qualified

10/29/1971

4. FEI Number
23-7206215

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

9. Name and Address of Current Registered Agent

COMSTOCK, NAN B
24940 NE 136TH LN
SALT SPGS FL 32134

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 Alan B. Comstock
Signature, typed or printed name of registered agent and title if applicable.

Nan B. Comstock
(NOTE: Registered Agent signature required when reinstating)

DATE 1/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS COMSTOCK, NAN B.
CITY-ST-ZIP 24940 NE 136TH LANE
SALT SPRINGS FL

TITLE ☐ DELETE
NAME PRES
STREET ADDRESS CARFAGNO
CITY-ST-ZIP 21280 NE 150TH STREET
SALT SPRINGS FL 32134

TITLE ☐ DELETE
NAME SD
STREET ADDRESS LIEBL, RUTH
CITY-ST-ZIP 14370 NE 209 TERR. RD.
SALT SPRINGS FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS HARPOLD, JAMES
CITY-ST-ZIP 12631 NE 243 AVE
SALT SPRINGS FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS WILLIAMS, SALLY
CITY-ST-ZIP 15175 NE 248 AVE. RD.
FT MCCOY FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS PAYTON, ETHEL
CITY-ST-ZIP 25242 N.E. 137TH PL
SALT SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE: NAN B. COMSTOCK SIGNATURE REQUIRED Alan B. Comstock 1-12/99 3526852021
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)