

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90188 006 ****61.25

DOCUMENT # 722757

1. Corporation Name

PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.

CK1015

Principal Place of Business

2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440
US

Mailing Address

2499 HENDRY ISLES BLVD.
RT. 2, BOX 1290
CLEWISTON FL 33440



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

02/24/1972

4. FEI Number

59-2369541

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

TIMMS, EDITH
2499 HENDRY ISLES BLVD.
RT 2, BOX 1290
CLEWISTON FL 33440

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

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 PD ☐ DELETE

NAME TIMMS, EDITH
STREET ADDRESS 4550 23RD ST
CITY-ST-ZIP CLEWISTON FL

TITLE VTD ☐ DELETE

NAME ALBERT, SHARYN
STREET ADDRESS 5065 4TH ST
CITY-ST-ZIP CLEWISTON FL

TITLE SD ☐ DELETE

NAME ELIASSEN, MARTHA J
STREET ADDRESS 190 EAST TAMPA AVE
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE

NAME CRUMB, SHIRLEY
STREET ADDRESS FLAMINGO AVE
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE

NAME TIMMS, RAYMOND
STREET ADDRESS 4550 23RD ST
CITY-ST-ZIP CLEWISTON FL

TITLE D ☒ DELETE

NAME ALBERT, MANUEL
STREET ADDRESS 5065 4TH ST
CITY-ST-ZIP CLEWISTON 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

D
Paul I. Germain
190 East Tampa Avenue
Clewiston, FL

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:

Elizabeth Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 941-983-9533
Date Daytime Phone #

CR2E037 (11/98)