

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 723102 (0)

1. Corporation Name

RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

4000 S.W. DEEPWATER COURT  
DUNNELLON FL 34431

Mailing Address

4000 S.W. DEEPWATER COURT  
DUNNELLON FL 34431



3. Date Incorporated or Qualified  
03/28/1972

3a. Date of Last Report  
01/24/1995

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

4. FEI Number  
59-3100614

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACKERELL, AVONELLE R ESO.  
1250 S.W. SHOREWOOD DR  
DUNNELLON FL 34431

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 P ☐ DELETE  
NAME MCGLOIN, GEORGE W.  
STREET ADDRESS 1585 SW SEAWEEDE AVE.  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE V ☐ DELETE  
NAME CARPENTIER, GEORGE  
STREET ADDRESS 1771 S.W. FIG TREE LANE  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE S ☒ DELETE  
NAME BAUM, HARRY  
STREET ADDRESS 21095 S.W. PLANTATION  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE T ☐ DELETE  
NAME CARPENTIER, PERSIS  
STREET ADDRESS 1771 S.W. FIG TREE LANE  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE D ☐ DELETE  
NAME SIMONS, CHARLES W  
STREET ADDRESS 4095 S.W. PORTULACA CT.  
CITY-ST-ZIP DUNNELLON FL 34431

TITLE D ☐ DELETE  
NAME JOHNSON, HENRY L  
STREET ADDRESS 1754 S.W. DEER PARK HGHTS.  
CITY-ST-ZIP DUNNELLON FL 34431

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 S ☒ Change ☐ Addition  
3.2 NAME JOHN W. JACQUEIN  
3.3 STREET ADDRESS 4221 J. S.W. BEGONIA CT.  
3.4 CITY-ST-ZIP DUNNELLON FL 34431

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 D ☐ Change ☒ Addition  
6.2 NAME JOSEPH B. JUNE  
6.3 STREET ADDRESS 21437 PEACH BLOSSOM ST  
6.4 CITY-ST-ZIP DUNNELLON FL 34431

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

George W. McGloin President

Jan 22, 1996

352-489-6538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

DIVISION OF CORPORATIONS

SIRS:

I'm enclosing a copy of last years Application for Reinstatement. This will show that Joseph B. June was one of our Directors, which was excluded from 1996 statement.

*George W. McBlain*  
*R.H.V.F.D. President*

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

Read Instructions on Other Side Before Filing  
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT #**

**RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC**  
**4000 S.W. Deepwater Court**  
**Dunnellon, Fl. 34431**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified To Do Business in Florida

**3-29-72**

5. FEI Number

**59-3400-614**  
**06-00421-00-52**

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P..	George W. McGloin	1585 S.W. Seaweed Ave.	Dunnellon, Fl. 34431
V.	George Carpentier	1771 S.W. Fig Tree Lane	Dunnellon, Fl. 34431
S.	Harry Baum	21095 S.W. Plantation	Dunnellon, Fl. 34431
T.	Persis Carpentier	1771 S.W. Fig Tree Lane	Dunnellon, Fl. 34431
D.	Charles W. Simons	4095 S.W. Portulaca Ct.	Dunnellon, Fl. 34431
D.	Henry L. Johnson	1754 S.W. Deer Park Hghts.	Dunnellon, Fl. 34431
D.	Joseph B. June	21437 S.W. Peach Blossom St.	Dunnellon, Fl. 34431

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

**AVONELLE R. MACKERELL, ESQ.**

Street Address (Do NOT Use P.O. Box Number) Home

**1250 S.W. Shorewood Drive, Dunnellon,**

Street Address (Do NOT Use P.O. Box Number) Business

**20743 W. Pennsylvania Ave. Dunnellon,**

City

**Dunnellon,**

State

**FL.**

Zip

**34432**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

**34432**

Signature of Registered Agent

*Avonelle R. Mackerell*

REGISTERED AGENT MUST SIGN

Date

**May 18, 1994**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☒ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director

*George W. McGloin*

Date

**5-18-94**

Daytime Phone #

**904-489-6558**

Typed or printed name of signing officer or director

**George W. McGloin**