

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
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 029 ****61.25

DOCUMENT # 724226

1. Corporation Name

LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

5490 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

Mailing Address

5490 GULF OF MEXICO DR
LONGBOAT KEY FL 34228
US

95221 90075 29



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/29/1972

4. FEI Number

59-1919020

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

FEINGOLD, LEON
4800 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228

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 P ☐ DELETE

NAME FEINGOLD, LEON
STREET ADDRESS 4800 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☐ DELETE

NAME TYRRELL, MICHAEL T
STREET ADDRESS 2309 CANASTA DRIVE
CITY-ST-ZIP BRADENTON BEACH FL 34217

TITLE VP ☐ DELETE

NAME WANCA, DANIEL W. D
STREET ADDRESS 6600 MANATEE AVENUE
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME ANNETT, MARGARET
STREET ADDRESS 597 BAYVIEW DR.
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☐ DELETE

NAME GOODRICH, JOHN Q. JR.
STREET ADDRESS 597 BAYVIEW DR.
CITY-ST-ZIP LONGBOAT KEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/ST ☒ Change ☒ Addition

1.2 NAME Leon Feingold
1.3 STREET ADDRESS 4800 Gulf of Mexico Drive, #C302
1.4 CITY-ST-ZIP Longboat Key, FL 34228

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)