

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

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1. Corporation Name

FORT OGDEN FIRE DEPARTMENT, INC.

560996-90078-13

Principal Place of Business

Mailing Address

HIGHWAY 17 AND MASSACHUSETTS AVE.
FORT OGDEN, FLORIDA 34267

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

JANUARY 1974

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75-Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

DUANE SUNNARBORG
P.O. BOX 481
FT. OGDEN, FL. 34267

STREET- 10922 S.W. BOGCESS AVE.

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME ROBERT J. LANE - D

STREET ADDRESS 7313 S.W. SENATE

CITY-ST-ZIP FT. OGDEN, FL. 34267

1.2 TITLE ☐ DELETE

NAME CHIEF DUANE SUNNARBORG - D

STREET ADDRESS 10922 BOGCESS AVE

CITY-ST-ZIP FT. OGDEN, FL. 34267

1.3 TITLE ☐ DELETE

NAME SECRETARY WAYNE GALLANT - D

STREET ADDRESS 2933 S.W. BEARD ST.

CITY-ST-ZIP ARLADIA, FL. 34266

1.4 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DUANE J. SUNNARBORG 2/11/99 (99) 993-9262

CR2E037 (1/98)