

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  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90147 011 \*\*\*\*70.00

DOCUMENT # 726538

1. Corporation Name

THE WEST MARION VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

7705 HWY 40 W  
OCALA FL 34482  
US

Mailing Address

7705 HWY 40 W  
OCALA FL 34482  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/29/1973

4. FEI Number

59-1674496

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

ARD, KATHRYN  
7814 HWY 40 W  
OCALA FL 34482

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 KHUNES, IVAN  
STREET ADDRESS 4500 NW BLITCHTON ROAD  
CITY-ST-ZIP Ocala FL 34482-4077

TITLE V ☒ DELETE

NAME STAFF, ALBERT  
STREET ADDRESS 5465 N.W. 61ST COURT  
CITY-ST-ZIP Ocala FL 34482-2628

TITLE SD ☐ DELETE

NAME SEITZ, TWILA  
STREET ADDRESS 6771 N.W. 60TH CT.  
CITY-ST-ZIP Ocala FL 34482

TITLE TD ☐ DELETE

NAME ARD, KATHY  
STREET ADDRESS 7814 HWY 40 W  
CITY-ST-ZIP Ocala FL 34482-8218

TITLE D ☐ DELETE

NAME SEISER, ALBERT  
STREET ADDRESS 6860 N.W. 62ND ST. RD.  
CITY-ST-ZIP Ocala FL 34482

TITLE D ☒ DELETE

NAME TOOTLE, DAVID  
STREET ADDRESS 6153 N.W. 68TH COURT  
CITY-ST-ZIP Ocala FL 34482

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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

KATHRYN ARD

4-06-99

352-237-4077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)