

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **727753** (6)
1. Corporation Name
BLOOMINGDALE VOLUNTEER FIRE DEPARTMENT, INC.



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 4705 E. BLOOMINGDALE ROAD VALRICO FL 33594 | 4705 E. BLOOMINGDALE ROAD VALRICO FL 33594 |

| | |
|--|-------------------------------|
| 3. Date Incorporated or Qualified 10/15/1973 | |
| 4. FEI Number 59-1699641 | Applied For Not Applicable |

| | |
|--------------------------------------|--------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4705 E BLOOMINGDALE AVE | 26 4705 E BLOOMINGDALE AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State 23 VALRICO FL | City & State 28 VALRICO FL |
| Zip 24 33594 | Zip 29 33594 |
| Country 25 | Country 30 |

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANSKY, GLEN R EQUIRE
915 OAKFIELD DRIVE
SUITE F
BRANDON FL 33511

| |
|---|
| 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 far from with, and, accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or I name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BROWN, CHARLES F | |
| STREET ADDRESS | 5401 ROLLING FAIRWAY DRIVE | |
| CITY-ST-ZIP | VALRICO FL 33595 | |
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | MICHAEL, FRANCIS J III | |
| STREET ADDRESS | 1816 ALCORN ROAD | |
| CITY-ST-ZIP | VALRICO FL 33594 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | HALLIGAN, TONY | |
| STREET ADDRESS | 806 CHADSWORTH AVE. | |
| CITY-ST-ZIP | SEFFNER FL 33584 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CURRIE, JAMES A | |
| STREET ADDRESS | 1309 IVYWOOD DRIVE | |
| CITY-ST-ZIP | BRANDON FL 33510 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Francis J. Michael III* **FRANCIS J. MICHAEL III** 1/16/98

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (10/97)