

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90135 029 ****61.25

DOCUMENT # 727889

1. Corporation Name

THE PASCO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

34212 CNTY RD. 44B
EUSTIS FL 32726-7217
US

Mailing Address

34212 CNTY RD. 44B
EUSTIS FL 32726-7217
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/29/1973

4. FEI Number

59-6520770

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

CROUGHWELL, CHRISTOPHER
34212 CNTY RD. 44B
EUSTIS FL 32726-7217

10. Name and Address of New Registered Agent

81 Name DOUG HENDRICKS

82 Street Address (P.O. Box Number is Not Acceptable)

2506 CHERRY BLOSSOM CT

83

84 City EUSTIS

FL

85

Zip Code 32726

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.

DOUGLAS HENDRICKS, PRESIDENT

2/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DOUG HENDRICKS
STREET ADDRESS 2506 CHERRY BLOSSOM CT
CITY-ST-ZIP EUSTIS FL 32726 ☐ DELETE

TITLE VPD
NAME NENA ORTIZ
STREET ADDRESS 1015 E 11TH AVE
CITY-ST-ZIP MT DORA FL 32757 ☐ DELETE

TITLE TD
NAME GLORIA CORBET
STREET ADDRESS 16035 UMATILLA PL
CITY-ST-ZIP UMATILLA FL 32784 ☐ DELETE

TITLE SD
NAME MASTERTON, GEORGE
STREET ADDRESS 2130 SOUTHLAND RD
CITY-ST-ZIP MT DORA FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 SECRETARY/DIRECTOR ☒ Change ☒ Addition
4.2 NAME JAMES LINDHURST, JR
4.3 STREET ADDRESS 631 E. 11TH AVE
4.4 CITY-ST-ZIP MT DORA, FL

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:

GLORIA CORBET TREASURER 17499 352-589-8367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)