

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 730150 (0)**

1. Corporation Name

**SOUTH FOREST VOLUNTEER FIRE DEPARTMENT, INCORPORATED**

Principal Place of Business

Mailing Address

**15490 S.E. 182ND AVE. RD.  
UMATILLA FL 32784**

**15490 S.E. 182ND AVE. RD.  
UMATILLA FL 32784**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

9. Name and Address of Current Registered Agent

**SNOWBERGER, DANIEL J  
21961 S.E. 149TH LANE  
UMATILLA FL 32784**

3. Date Incorporated or Qualified

**07/09/1974**

4. FEI Number

**NOT APPLICABLE**

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**SUE J. ROUDABUSH**

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

**29934 SE 170 Street**

83

**PO Box 562**

84 City

**Altosona**

**FL**

85 Zip Code

**32702**

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 **Sue J. Roudabush**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-20-98**

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **SNOWBERGER, DANIEL**  
STREET ADDRESS **21961 SE 149 LANE**  
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **V** ☐ DELETE  
NAME **HOFFMAN, JAMES**  
STREET ADDRESS **RT 8, BOX 657 NA**  
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE **T** ☐ DELETE  
NAME **NORFOLK, SANDRA**  
STREET ADDRESS **20885 S.E. 142ND LANE**  
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☒ DELETE  
NAME **MONDAY, DONALD**  
STREET ADDRESS **14910 S.E. 218TH TERRACE**  
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☒ DELETE  
NAME **BLIZZARD, RALPH**  
STREET ADDRESS **21990 S.E. 147PLACE**  
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **M** ☐ DELETE  
NAME **LAWRENCE, TOMMY**  
STREET ADDRESS **20887 S.E. 140 PLACE**  
CITY-ST-ZIP **UMATILLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **ROUDABUSH, ALESSANDRO M.**  
1.3 STREET ADDRESS **29934 SE 170 Street, POB 562**  
1.4 CITY-ST-ZIP **Altosona, Florida 32702**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
2.2 NAME **McINTOSH, HAROLD**  
2.3 STREET ADDRESS **20850 SE 142 Lane**  
2.4 CITY-ST-ZIP **Umatilla, Florida 32784**

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 **600002662106**  
4.3 STREET ADDRESS **-10/13/98--01010--008**  
4.4 CITY-ST-ZIP **\*\*\*61.25**

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.

SIGNATURE: **Alessandro M. Roudabush**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)