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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732653** (1)

1. Corporation Name

**LADIES AUXILIARY OF THE TRI-VILLAGE VOLUN- TEER
FIRE & RESCUE DEPARTMENT, INC.**

Principal Place of Business

Mailing Address

13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US

13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US



3. Date Incorporated or Qualified

05/05/1975

4. FEI Number

51-0201983

Applied For

Not Applicable

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

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, VIRGINIA
295 PERSIMMON STREET
FREEPORT FL 32439**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CRAIG, MARY ALICE
STREET ADDRESS 103 ROBERTS AVE
CITY - ST - ZIP NICEVILLE FL
☒ DELETE

1.1 TITLE PD
1.2 NAME LYDIA DAWKINS
1.3 STREET ADDRESS 409 PERSIMMON
1.4 CITY - ST - ZIP FREEPORT FL 32459
☒ Change ☐ Addition

TITLE TD
NAME SMITH, VIRGINIA
STREET ADDRESS 295 PERSIMMON STREET
CITY - ST - ZIP FREEPORT, FL 32439
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE VP
NAME BROWN, JUDY
STREET ADDRESS 13792 W HWY 20, LOT 6
CITY - ST - ZIP NICEVILLE FL
☒ DELETE

3.1 TITLE VP
3.2 NAME PAT RYSER
3.3 STREET ADDRESS 13780 W HWY20
3.4 CITY - ST - ZIP NICEVILLE FL 32578
☐ Change ☒ Addition

TITLE SD
NAME DAWKINS, LYDIA
STREET ADDRESS 409 PERSIMMON ST.
CITY - ST - ZIP FREEPORT FL 32439
☐ DELETE

4.1 TITLE SD
4.2 NAME GLORIA ANSTINE
4.3 STREET ADDRESS 452 CEDAR AVE
4.4 CITY - ST - ZIP FREEPORT FL 32439
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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: *VIRGINIA SMITH*

2-22-98 850 8973952

CR2E037 (10/97)