

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90216 036 ****61.25

DOCUMENT # 732653

1. Corporation Name

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

Principal Place of Business

13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US

Mailing Address

13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/05/1975

4. FEI Number

51-0201983

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

SMITH, VIRGINIA
295 PERSIMMON STREET
FREEPORT FL 32439

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

Virginia Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-19-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SD
STREET ADDRESS ANSTINE, GLORIA
CITY-ST-ZIP 452 CEDAR AVE.
FREEPORT FL 32439

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS RYSER, PAT
CITY-ST-ZIP 13780 W HWY 20
NICEVILLE FL 32578

TITLE ☐ DELETE

NAME PD
STREET ADDRESS DAWKINS, LYDIA
CITY-ST-ZIP 409 PERSIMMON ST.
FREEPORT FL 32459

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 ☐ 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 all other like empowered.

SIGNATURE:

Lydia Dawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-99

CR2E037 (11/98)