

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90015 009 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 732707

1. Corporation Name

THE OZELLO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

DEPT 14300 W. OZELLO TRAIL  
CRYSTAL RIVER FL 34429

Mailing Address

DEPT 14300 W. OZELLO TRAIL  
CRYSTAL RIVER FL 34429



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

05/06/1975

4. FEI Number

59-2889102

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

POTTER STEVE  
14300 W OZELLO TRAIL  
CRYSTAL RIVER FL 34429

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	POTTER STEVE	
STREET ADDRESS	14300 W OZELLO TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POTTER STEVE	
STREET ADDRESS	14300 W. OZELLO TRAIL	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHEVIS, JAMES	
STREET ADDRESS	13562 BROOKVEIW LN	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CROFT, ERNEST	
STREET ADDRESS	2279 S FERNDAL PT	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TODD KELLER	
1.3 STREET ADDRESS	2011 S. SCOONER DR	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES CHEVIS	
2.3 STREET ADDRESS	13562 BROOKVEIW LN.	
2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAMES CHEVIS	
3.3 STREET ADDRESS	13562 BROOKVEIW LN	
3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ERNEST CROFT	
4.3 STREET ADDRESS	2279 S. FERNDAL PT.	
4.4 CITY-ST-ZIP	CRYSTAL RIVER, FL. 34429	
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)(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:

*Steve Potter* REGISTERED POTTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

(352) 795-3288

Date

Daytime Phone #

CR2E037 (1/98)