

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735964** (9)

1. Corporation Name

MOON LAKE VOLUNTEER FIRE DEPARTMENT AND CIVIL DEFENSE UNIT, INC.

Principal Place of Business

**11833 CORTA AVENUE
NEW PORT RICHEY FL 34658**

Mailing Address

**P.O. BOX 914
NEW PORT RICHEY FL 34658-0914**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified

06/01/1976

3a. Date of Last Report

04/15/1996

4. FEI Number

59-2104180

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MARY MCCUNE
9810 SWEET BAY CT.
NEW PORT RICHEY FL 34654**

10. Name and Address of New Registered Agent

81 Name

Carol A. Jenks

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

11842 Corta Ave

83

84 City

New Port Richey

FL

85 Zip Code

34654

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

Carol A. Jenks

Carol A. Jenks

4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	PRICE, WALLY	
STREET ADDRESS	11908 HUNTERSLAKE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	DELETE
NAME	JENKS, CAROL	
STREET ADDRESS	11842 CORTA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	DELETE
NAME	JENKS, MICHAEL	
STREET ADDRESS	11842 CORTA AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	DELETE
NAME	MCCUNE, MARY	
STREET ADDRESS	9810 SWEET BAY CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	DELETE
NAME	BRITTEN, TERRY	
STREET ADDRESS	5821 ILLINOIS AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	DELETE
NAME	DESIMONE, EILEEN	
STREET ADDRESS	8717 AURBA LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carol A. Jenks	
1.3 STREET ADDRESS	11842 Corta Ave	
1.4 CITY-ST-ZIP	New Port Richey, FL 34654	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dee Blanchard	
2.3 STREET ADDRESS	6039 Shalimar	
2.4 CITY-ST-ZIP	New Port Richey, FL 34654	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Terry Brittin	
3.3 STREET ADDRESS	5821 Illinois Ave	
3.4 CITY-ST-ZIP	New Port Richey, FL 34652	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ann M. Lang	
4.3 STREET ADDRESS	11842 Corta Ave.	
4.4 CITY-ST-ZIP	New Port Richey, FL 34654	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Michael Jenks	
5.3 STREET ADDRESS	11842 Corta Ave.	
5.4 CITY-ST-ZIP	New Port Richey, FL 34654	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Eileen Desimone	
6.3 STREET ADDRESS	8717 Aurba Lane	
6.4 CITY-ST-ZIP	New Port Richey, FL 34654	

14. I do 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:

Carol A. Jenks

4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0068173

CR2E037 (9/96)