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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 735964

1. Corporation Name

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

Principal Place of Business

11833 CORTA AVENUE
NEW PORT RICHEY FL 34656

Mailing Address

P.O. BOX 914
NEW PORT RICHEY FL 34656



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/01/1976

4. FEI Number

59-2104180

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

JENKS, CAROL A
11842 CORTA AVE
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

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

(NOTE: Registered Agent signature required when reinstating)

1/6/99

DATE

12. OFFICERS AND DIRECTORS

T
NAME CAGWIN, LINDA
STREET ADDRESS 18122 GUNN HWY.
CITY-ST-ZIP ODESSA FL 33556

P
NAME JENKS, CAROL
STREET ADDRESS 11842 CORTA AVE
CITY-ST-ZIP NEW PORT RICHEY FL

D
NAME JENKS, MICHAEL
STREET ADDRESS 11842 CORTA AVE
CITY-ST-ZIP NEW PORT RICHEY FL

S
NAME LANG, ANN M
STREET ADDRESS 11842 CORTA AVE
CITY-ST-ZIP NEW PORT RICHEY FL

VP
NAME BRITTEN, TERRY
STREET ADDRESS 5821 ILLINOIS AVE.
CITY-ST-ZIP NEW PORT RICHEY FL

D
NAME KLEINMAN, PETER
STREET ADDRESS 15223 COYOTE RD.
CITY-ST-ZIP HUDSON FL 34689

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

T
Linda Cagwin
18122 Gunn Hwy
Odessa FL 33556

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

P.
Carol Jenks
11842 Corta Ave
New Port Richey FL 34654

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D.
Michael Jenks
11842 Corta Ave
New Port Richey FL 34654

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S.
Ann M. Lagg
11842 Corta Ave
New Port Richey FL 34654

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

VP
Terry Brittin
5821 Illinois Ave
New Port Richey, FL 34652

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

D
Claude Miranda
18122 Gunn Hwy
Odessa, FL 33556

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

Daytime Phone #

CR2E037 (1/98)