

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90018 019 ****61.25

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DOCUMENT # 735998

1. Corporation Name

NOMA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

MAIN STREET
P.O. BOX 160
NOMA FL 32452

Mailing Address

MAIN STREET
P.O. BOX 160
NOMA FL 32452



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

06/03/1976

4. FEI Number

59-1969824

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

DOZIER, DAVID
1002 WILLIAMS ST / P.O. Box 9
NOMA FL 32452

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PF ☐ DELETE

NAME SKIPPER, ROBERT L.
STREET ADDRESS RAILROAD AVENUE
CITY-ST-ZIP NOMA FL 32452

1.1 TITLE ☐ Change ☐ Addition

NAME SKIPPER, ROBERT L.

STREET ADDRESS RAILROAD AVENUE
CITY-ST-ZIP NOMA FL 32452

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MCELWAIN, DONALD
STREET ADDRESS 803 MAIN ST.
CITY-ST-ZIP NOMA FL

2.1 TITLE ☐ Change ☐ Addition

NAME MCELWAIN, DONALD

STREET ADDRESS 803 MAIN ST.
CITY-ST-ZIP NOMA FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SKIPPER, GEORGE T.
STREET ADDRESS 105 SKIPPER AVENUE
CITY-ST-ZIP NOMA FL 32452

3.1 TITLE ☐ Change ☐ Addition

NAME SKIPPER, GEORGE T.

STREET ADDRESS 105 SKIPPER AVENUE
CITY-ST-ZIP NOMA FL 32452

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DOZIER, DAVID
STREET ADDRESS 1002 WILLIAMS ST.
CITY-ST-ZIP NOMA FL

4.1 TITLE ☐ Change ☐ Addition

NAME DOZIER, DAVID

STREET ADDRESS 1002 WILLIAMS ST.
CITY-ST-ZIP NOMA FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DIXON, KATE
STREET ADDRESS RT 2 BOX 109A ST. MARK ST.
CITY-ST-ZIP BONIFAY FL 32425

5.1 TITLE ☐ Change ☐ Addition

NAME DIXON, KATE

STREET ADDRESS RT 2 BOX 109A ST. MARK ST.
CITY-ST-ZIP BONIFAY FL 32425

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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:

Wanda Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wanda Williams

11/6/98

(850) 263-3449

Date

Daytime Phone #

CR2E037 (11/98)