

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737983** (7)
1. Corporation Name
CASSELBERRY VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707	Mailing Address 95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707
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3. Date Incorporated or Qualified

02/02/1977

4. FEI Number

59-2264984

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JORDAN, KRISTIN
647 PEARL RD
WINTER SPRINGS FL 32708**

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, DAVID B	
STREET ADDRESS	609 COMDEN RD.	
CITY-ST-ZIP	ALTAMONTE SPGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, KRISTIN	
STREET ADDRESS	647 PEARL RD.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HEINL, RICHARD W	
STREET ADDRESS	300 SHEOAH BLVD #307	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STRAUSBURG, ANDREW J	
STREET ADDRESS	680 JAMESTOWN BLVD #1350	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KRISTIN JORDAN	
1.3 STREET ADDRESS	647 PEARL RD.	
1.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRIS ADAMS	
2.3 STREET ADDRESS	105 MOULD ST.	
2.4 CITY-ST-ZIP	LAKE WOOD FL 32750	
3.1 TITLE	STD/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HEIDI LOEGER	
3.3 STREET ADDRESS	1101 PT. NEWPORT TERRACE	
3.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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.

SIGNATURE: 

3-2-98

737983

CR2037 (10/97)