04231999-90038-026-$61.25-$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90038 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **737983**

1. Corporation Name
CASSELBERRY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707	95 N. LAKE TRIPLET DR. CASSELBERRY FL 32707

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/02/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2264984 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JORDAN, KRISTIN
647 PEARL RD
WINTER SPRINGS FL 32708

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VICE PRESIDENT VD	☒ Change ☐ Addition
NAME	ADAMS, CHRIS		1.2 NAME	K.C. HARDENBROOK	
STREET ADDRESS	105 MOUND ST		1.3 STREET ADDRESS	655 MAGNOLIA AVE.	
CITY-ST-ZIP	LONGWOOD FL 32750		1.4 CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JORDAN, KRISTIN		2.2 NAME	KRISTIN JORDAN	
STREET ADDRESS	647 PEARL RD.		2.3 STREET ADDRESS	647 PEARL RD.	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		2.4 CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	STDT	☒ DELETE	3.1 TITLE	SECRETARY STDT	☒ Change ☐ Addition
NAME	WEBER, HEIDI		3.2 NAME	CHRIS HEMPT	
STREET ADDRESS	1104 PT. NEWPORT TERRACE		3.3 STREET ADDRESS	5455 CASTLE FAIR CT.	
CITY-ST-ZIP	CASSELBERRY FL 32707		3.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		☐ DELETE	4.1 TITLE	TREASURER VDT	☐ Change ☒ Addition
NAME			4.2 NAME	MICHELLE MCCOY	
STREET ADDRESS			4.3 STREET ADDRESS	200 CARLEN ST.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	ORLANDO, FL. 32803	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED 1-8-99 868-7735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)