

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90164 007 ****70.00

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DOCUMENT # 738509

1. Corporation Name

JACKSONVILLE VOLUNTEER FIREMENS ASSOCIATION, INC

Principal Place of Business

107 MARKET ST.
JACKSONVILLE FL 32202

Mailing Address

2219 BURPEE DR
JACKSONVILLE FL 32210
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/30/1977

4. FEI Number

59-1726116

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

KNOLL, JOHN
107 MARKET ST.
JACKSONVILLE FL 32201

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

T ☐ DELETE

NAME **BUTCHER, ALICE C.**
STREET ADDRESS **1802 DON GUIXOTE CIR.**
CITY-ST-ZIP **JACKSONVILLE FL 32250**

D ☒ DELETE

NAME **GLASGOW, JOHN**
STREET ADDRESS **107 MARKET ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

V ☐ DELETE

NAME **LEE, CARL**
STREET ADDRESS **107 MARKET ST**
CITY-ST-ZIP **JACKSONVILLE FL**

S ☐ DELETE

NAME **TOLICK, SHANNON**
STREET ADDRESS **107 MARKET ST**
CITY-ST-ZIP **JACKSONVILLE FL**

D ☐ DELETE

NAME **GALEN, GINGERY J**
STREET ADDRESS **107 MARKET ST**
CITY-ST-ZIP **JACKSONVILLE FL**

P ☐ DELETE

NAME **KNOLL, JOHN**
STREET ADDRESS **107 MARKET ST**
CITY-ST-ZIP **JACKSONVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3519 College Place
Jacksonville, FL 32210

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D
CLIFF DAVIS
4364 Oak Bay Dr.
Jacksonville, FL 32277

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

10272 Monaco Dr.
Jacksonville, FL 32218

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

455 Olives St. W.
Balwin, FL 32234

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

14360 Hollings St
Jacksonville, FL 32218

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2219 Burpee Dr
Jacksonville, FL 32210

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

11 Jan 99

Date

904-781-3891

Daytime Phone #

CR2E037 (11/98)