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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 739270

1. Corporation Name

ELLISVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

RT 3 BOX 162-A
U.S. 41-441 S.
LAKE CITY FL 32025
US

RT 3 BOX 162-A
U.S. 41-441 S.
LAKE CITY FL 32055
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/06/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3010553

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAILEY, EMORY L
RT 3 BOX 161B
LAKE CITY FL 32025

81 Name

Bailey, Emory L.

82 Street Address (P.O. Box Number is Not Acceptable)

RT 3, BOX 161B

83

84

City **Lake City**

FL

85 Zip Code

32025

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

Emory L. Bailey

Emory L. Bailey

4-22-99

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 ☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

NAME **BAILEY, EMORY L.**

1.2 NAME

STREET ADDRESS **RT 3, BOX 161B, US 41 S**

1.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY, FL 00000 32025**

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME **ARNOLD, LANCE J**

2.2 NAME

STREET ADDRESS **RT 3 BOX 236 C**

2.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL 32025**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME **BAILEY, STEPHEN E**

3.2 NAME

STREET ADDRESS **RT3 BOX 161 B**

3.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL 32025**

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME **MENGEREN, ALFRED J**

4.2 NAME

STREET ADDRESS **RT.3 BOX 234-B**

4.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL 32056**

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME **WITT, TOBY**

5.2 NAME

STREET ADDRESS **RT. 3 BOX 3132**

5.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL 32025**

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME **FEAGLE, CLINE T**

6.2 NAME

STREET ADDRESS **RT3 BOX 120**

6.3 STREET ADDRESS

CITY-ST-ZIP **LAKE CITY FL**

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:

Emory L. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)