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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90113 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740957**

1. Corporation Name

**KORONA VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

U.S. HWY. 1, STAR ROUTE  
 BOX 123  
 BUNNELL FL 32110

Mailing Address

U.S. HWY. 1, STAR ROUTE  
 BOX 123  
 BUNNELL FL 32110



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

12/06/1977

4. FEI Number

59-2362361

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

PANAS, ELIZABETH A  
 OLD DIXIE HIGHWAY  
 BUNNELL FL 32110

10. Name and Address of New Registered Agent

81 Name **M. D'Alessandro**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**35 Kingsley Circle**  
 83 **Ormond Bch**  
 84 City **Ormond Bch** **FL** 85 Zip Code **32174**

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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]*

4-23-99

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PANAS, ELIZABETH A.	
STREET ADDRESS	OLD DIXIE HWY	
CITY-ST-ZIP	BUNNELL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PANAS, HENRY E	
STREET ADDRESS	OLD DIXIE HWY	
CITY-ST-ZIP	BUNNELL, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHALK, MELINDA B	
STREET ADDRESS	US HWY 1 D1	
CITY-ST-ZIP	BUNNELL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, DAVID	
STREET ADDRESS	OLD DIXIE HWY	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, KENNETH	
STREET ADDRESS	78 OLD DIXIE HWY	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	BOD	<input type="checkbox"/> DELETE
NAME	ZASLAVSKY, DAVID	
STREET ADDRESS	1 CLINTON COURT S	
CITY-ST-ZIP	PALM COAST FL 32136	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Panas, Elizabeth	
1.3 STREET ADDRESS	old Dixie Hwy	
1.4 CITY-ST-ZIP	Bunnell, FL 32110	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shawn Norris	
2.3 STREET ADDRESS	44 Sloganeer Trail	
2.4 CITY-ST-ZIP	Palm Coast, FL 32164	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kathy Burek	
3.3 STREET ADDRESS	40 Winchester Rd Eagle Rock Estates	
3.4 CITY-ST-ZIP	Ormond Bch, FL 32174	
4.1 TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Don Maresca	
4.3 STREET ADDRESS	23 Gale Lane	
4.4 CITY-ST-ZIP	Ormond Bch, FL 32174	
5.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	M. D'Alessandro	
5.3 STREET ADDRESS	35 Kingsley Circle	
5.4 CITY-ST-ZIP	Ormond Bch, FL 32174	
6.1 TITLE	Board of Directors	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Grace Hall	
6.3 STREET ADDRESS	Star Route 71	
6.4 CITY-ST-ZIP	Bunnell, FL 32110	

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]*

4-23-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)