

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
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90077 030 ****70.00

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DOCUMENT # 741844

1. Corporation Name

**GRAY GABLE, NASSAU VILLAGE VOLUNTEER FIRE DEPART
MENT, INC.**

Principal Place of Business

RT. 4, LEM TURNER RD., @COUNTRY CL.RD.
PO BOX 831
CALLAHAN FL 32011

Mailing Address

RT. 4, LEM TURNER RD., @COUNTRY CL.RD.
PO BOX 831
CALLAHAN FL 32011



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
02/28/1978

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2060054

Applied For
☐ Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be
Trust Fund Contribution Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TAYLOR, ROBERT W. JR.
COUNTRY CLUB RD., LOT #9 NASSAU VILLAGE
CALLAHAN FL 32011**

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 PD
NAME CONNELL, NORMAN
STREET ADDRESS 5110 WOODRIDGE DR
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME COLTRANE, CATHY
STREET ADDRESS 4161 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME DEBRA M HORTON
STREET ADDRESS 2720 SHEFFIELD RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCD
NAME JAMES ROBERTS
STREET ADDRESS 2536 SHEFFIELD RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MURPHY, JASON
STREET ADDRESS 2588 SNYDER RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CD
NAME COLTRANE, REVIS
STREET ADDRESS 4161 CHURCH RD
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Cathy Coltrane SIGNATURE REQUIRED
Cathy Coltrane (Treas) 2-7-99 904-879-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)