## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

741926

(0)

DOCUMENT #

1. Corporation Name ORTONA VOLUNTEER FIRE DEPARTMENT, INC.

		Mailing Address			
Principal Place	of Business	9			
RT 1 61 FOURTH ST E MOORE HAVEN FL 33471 US		RT 1 61 FOURTH ST E MOORE HAVEN FL 33471			
		US			3a. Date of Last Report
03				<ol> <li>Date Incorporated or Qualified 03/08/1978</li> </ol>	03/15/1995
				4. FEI Number	Applied For
<ol><li>Principal Pla</li></ol>		2a. Mailing Address	Lana Shi	59-2659193	Not Applicable
	Dolphin Lane SW	26 12085 Dolphin	Lane 3w		\$8.75 Additional
Suite, Apt. #	f, etc.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	Haven, FL	28 Moore Haven,	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inl	angible tax under s. 199.032,
33471		29 33471 30	USA -	Tionga Statutes	Yes X No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
LUCKEY, LARRY R				Address (P.O. Box Number is Not Acceptable	)
RT. 1, BOX 743A, S.R. S-78A		5	63	3170 Lock Lane SW	
MOORE	HAVEN FL 33471		63		
			84 City		Fi 85 Zip Code
	047.056	20 C17 1500 Florida Statutos ti	no above named co	orporation submits this statement for the purp	ose of changing its registered office
familiar wit	th, and accept the obligations of, Soc	etara tri-itanik alic <u>, Nores</u>	g dered Agent Scientine re	board of directors. Thereby accept the appointment of the paper board of directors. Thereby accept the appointment of the paper board of directors. Thereby accept the appointment of the paper board of th	CIATE
12.	OFFICERS A	ND DIRECTORS	13.	ACTIVITIONS CHANGES TO CATE	Change   ☐ Addition
TITLE	MOCALLINA NIME	Detele	1.2 NAME		
NAME	MCCALLUM, JUNE RT. 1, 61 4TH ST. E.		1.3 STREET ADDRESS	12085 Dolphin Lane SW	
STREET ADDRESS	MOORE HAVEN FL		1.4 City - ST- ZIP		33471
CITY - S1 - ZIP	P	<b>▼</b> DELETE	2.1 TITLE	P	Change Addition
NAME	JAMES, SAM		2.2 NAME	HEFLIN, DAVID	
STREET ADDRESS	RT. 1, 41 3RD ST.		2.3 STREET ADORESS	3270 Ortona Locks Roa	
CITY-ST-ZIP	MOORE HAVEN FL		2 4 CITY - \$1 - ZIP	Moore Haven, FL 33471	
TITLE	\$	□ DELETE	3 1 TITLE		Change Addition
NAME	MCCALLUM, JUNE		3.2 NAME	10005 P 1 1 1 1 CI	1
STREET ADDRESS	RT. 1, 61 4TH ST. E.		3.3 STREET ADDRESS	12085 Dolphin Lane SW	ı 33471
CITY+S1-ZIP	MOORE HAVEN FL		3 4. CITY - ST - ZIP		X Change Addition
TITLE	D	DELETE	41 THE		Cal Cold light
NAME	LUCKEY, LARRY R.		4 2 NAME	17170 1 1 1 511	
STREET ADDRESS	RT 1 BOX 743A, SR-78A		4.3 STREET ADDRESS	13170 Lock Lane SW	33471
CITY - ST - ZIP	MOORE HAVEN, FL 00000	TIDELETE	51 TILE		
TITLE	D STORTER, VANCE		5 2 NAME		-
NAME	RT 1 BOX 727, SR-78A		5.3 STREET ADDRESS	2095 Ortona Road SW	
STREET ADDRESS	MOORE HAVEN FL		54 CITY - ST- ZIP	2077 Steeling Road SN	33471
CITY-ST-ZIP TITLE	D MOONE TIAVERTE	DELETE	61 TITLE		X Change ☐ Addition
1000	· <del>-</del>			1	

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trusted 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

GRIFFIN, HAL

RT 1, BOX 751B, CR-78A

MOORE, HAVEN, FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June McCallum, Sec/Treas. 941-675-4533

13940 Live Oaks Lane SW

33471