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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741926 (0)

1. Corporation Name

ORTONA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

12085 DOLPHIN LANE SW
MOORE HAVEN FL 33471
US

12085 DOLPHIN LANE SW
MOORE HAVEN FL 33471-8077
US



3. Date Incorporated or Qualified
03/08/1978

3a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 2900 Ortona Road SW

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Moore Haven FL

28

Zip

Country

Zip

Country

24 33471

25

US

29

30

4. FEI Number
59-2659193

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCKEY, LARRY R
13170 LOCKLAND SW
MOORE HAVEN FL 33471

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

T ☐ DELETE
NAME MCCALLUM, JUNE
STREET ADDRESS 12085 DOLPHIN LANE SW
CITY-ST-ZIP MOORE HAVEN FL

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

P ☒ DELETE
NAME HEFLIN, DAVID
STREET ADDRESS 3270 ORTONA LOCKS ROAD SW
CITY-ST-ZIP MOORE HAVEN FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P
2.3 STREET ADDRESS Jim Summeralls
2.4 CITY-ST-ZIP 3070 Riverview Drive SW
Moore Haven, FL 33471

S ☐ DELETE
NAME MCCALLUM, JUNE
STREET ADDRESS 12085 DOLPHIN LANE SW
CITY-ST-ZIP MOORE HAVEN FL

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

D ☐ DELETE
NAME LUCKEY, LARRY R.
STREET ADDRESS 13170 LOCK LANE SE
CITY-ST-ZIP MOORE HAVEN, FL 00000

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

D ☐ DELETE
NAME STORTER, VANCE
STREET ADDRESS 2095 ORTONA ROAD SW
CITY-ST-ZIP MOORE HAVEN FL

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

D ☐ DELETE
NAME GRIFFIN, HAL
STREET ADDRESS 13940 LIVE OAKS LANE SW
CITY-ST-ZIP MOORE, HAVEN, FL

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

14. I do 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.

SIGNATURE:

June McCallum

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

Daytime Phone # 0044435

CR2E037 (9/96)