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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 741935

1. Corporation Name
DESOTO CITY VOLUNTEER FIRE DEPARTMENT, INC.

578187 - 90003 - 41

Principal Place of Business	Mailing Address
4612 DESOTO ROAD P. O. BOX 653 SEBRING FL 33871-0653	4612 DESOTO ROAD P. O. BOX 653 SEBRING FL 33871-0653

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/09/1978	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1838485	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MORRIL, ROBERT
6512 PIONEER RD.
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name: DENNIS KORANDA
82 Street Address (P.O. Box Number is Not Acceptable): 2701 VAN PELT RD.
83
84 City: SEBRING FL 85 Zip Code: 33870

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: X Dennis Koranda
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	D	☑ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	COADY, NANCY		1.2 NAME	DENNIS KORANDA	
STREET ADDRESS	4837 OAK CIRCLE		1.3 STREET ADDRESS	2701 VAN PELT RD	
CITY-ST-ZIP	SEBRING FL		1.4 CITY-ST-ZIP	SEBRING FL. 33870	
TITLE	D	☑ DELETE	2.1 TITLE	TREASURER	☐ Change ☑ Addition
NAME	BLONDIN, JOHN		2.2 NAME	BERNIS WOLKOVE	
STREET ADDRESS	6110 7TH AVE. W.		2.3 STREET ADDRESS	6824 S-C-17	
CITY-ST-ZIP	SEBRING FL		2.4 CITY-ST-ZIP	SEBRING FL. 33870	
TITLE	D	☑ DELETE	3.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	MORRILL, ROBERT		3.2 NAME	RANDY SMITH	
STREET ADDRESS	6512 PIONEER RD.		3.3 STREET ADDRESS	2640 VAN PELT RD	
CITY-ST-ZIP	SEBRING FL		3.4 CITY-ST-ZIP	SEBRING FL. 33870	
TITLE	D	☑ DELETE	4.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	COADY, NORMAN		4.2 NAME	HANCE TRUAX	
STREET ADDRESS	4837 OAK CIRCLE		4.3 STREET ADDRESS	2411 VAN PELT RD	
CITY-ST-ZIP	SEBRING FL		4.4 CITY-ST-ZIP	SEBRING FL. 33870	
TITLE	D	☐ DELETE	5.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	VILLONE, JEFF		5.2 NAME	BEN HENLEY	
STREET ADDRESS	4801 GRANADA AVE.		5.3 STREET ADDRESS	P.O. Box 653	
CITY-ST-ZIP	SEBRING FL		5.4 CITY-ST-ZIP	SEBRING FL 33871	
TITLE		☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME			6.2 NAME	JUSAN JULIANO	
STREET ADDRESS			6.3 STREET ADDRESS	6815 HANDSIDE DR W	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SEBRING FL. 33870	

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 REQUIRED MARCH 31 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1-1/98)