

FILED

99 OCT 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # 744552 ✓
1. Corporation Name
ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business: 5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179
Mailing Address: 5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179



9116199 90003003 \$61.25

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/12/1978
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-2635563
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired
28			<input type="checkbox"/> \$8.75 Additional Fee Required
29			6. Election Campaign Financing
30			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SKELLY, HELEN T
6670 S.E. 171ST CT.
OCKLAWAHA FL 32179

10. Name and Address of New Registered Agent

81 Name: Kenneth Winslow
82 Street Address: 16085 SE 49th St Rd
83 City: Oklawaha, FL 32179
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: *Electra Vol Fire Dept* *Kenneth Winslow* *Pro. 10/22/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	S
NAME	MCCANN, KENNETH C	1.2 NAME	Kim Bayne Secretary
STREET ADDRESS	3023 147TH TERR	1.3 STREET ADDRESS	17350 SW 65 ST
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	OCKLAWAHA FL 32179
TITLE	P	2.1 TITLE	T
NAME	SKELLY, HELEN	2.2 NAME	DONNA Payette Treas
STREET ADDRESS	6670 SE 171 CT	2.3 STREET ADDRESS	PO BOX 1017
CITY-ST-ZIP	OCKLAWAHA FL	2.4 CITY-ST-ZIP	Silver Springs, FL. 34489
TITLE	D	3.1 TITLE	D
NAME	RHOADES, MARLENE	3.2 NAME	JAMES Paddy cord
STREET ADDRESS	18685 SE 53RD PL	3.3 STREET ADDRESS	7032 SE 170 AVE RD
CITY-ST-ZIP	OCKLAWAHA FL 32179	3.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	VP - President	4.1 TITLE	P
NAME	WINSLOW, KENNETH	4.2 NAME	Winslow, Kenneth
STREET ADDRESS	16085 SE 49TH RD	4.3 STREET ADDRESS	16085 SE 49th St Rd
CITY-ST-ZIP	OCKLAWAHA FL 32179	4.4 CITY-ST-ZIP	ocklawaha, FL 32179
TITLE	S - VP	5.1 TITLE	VP
NAME	BERKOWITZ, ALLEN	5.2 NAME	Berkowitz, Allen
STREET ADDRESS	18349 SE 54TH PL	5.3 STREET ADDRESS	18349 SE 54th PL
CITY-ST-ZIP	OCKLAWAHA FL 32179	5.4 CITY-ST-ZIP	ocklawaha, FL 32179
TITLE	T	6.1 TITLE	D
NAME	SKELLY, ROMAULD N.	6.2 NAME	SOHN CRUTCHFIELD
STREET ADDRESS	6670 SE 171 CT.	6.3 STREET ADDRESS	P.O. BOX 1306
CITY-ST-ZIP	OCKLAWAHA FL	6.4 CITY-ST-ZIP	OKLAWAHA FL 32179

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 persons empowered.

SIGNATURE: *[Signature]* *10/22/99* *KE*
DATE: 10/22/99
352 625 6916

CR2E037 (5/99)