

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 26, 1999 8:00 am
Secretary of State

02-26-1999 90073 043 ****61.25

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DOCUMENT # 744699

1. Corporation Name

TRAVELERS' REST VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

29129 JOHNSTON RD.
DADE CITY FL 33523
US

Mailing Address

29129 JOHNSTON RD.
DADE CITY FL 33525
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/24/1978

4. FEI Number

59-2193936

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

9. Name and Address of Current Registered Agent

GOSNELL, W.K.
29129 JOHNSTON RD.
DADE CITY FL 33523

10. Name and Address of New Registered Agent

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

TITLE DP ☒ DELETE
NAME CREEL, JIM
STREET ADDRESS 29129 JOHNSTON RD LOT25-25
CITY-ST-ZIP DADE CITY FL

TITLE DVP ☒ DELETE
NAME TIBBITS, JOE
STREET ADDRESS 28129 JOHNSTON RD LOT 26-35
CITY-ST-ZIP DADE CITY FL

TITLE DT ☐ DELETE
NAME BELLINGER, W.E.
STREET ADDRESS 29129 JOHNSTON RD LOT 11-8
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE
NAME FELLER, PAUL
STREET ADDRESS 29129 JOHNSTON RD LOT 8-17
CITY-ST-ZIP DADE CITY FL

TITLE D ☐ DELETE
NAME GOSNELL, W.K.
STREET ADDRESS 29129 JOHNSTON RD LOT 2547
CITY-ST-ZIP DADE CITY FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME Richard Gest
1.3 STREET ADDRESS 29129 Johnston Road Lot 13-34
1.4 CITY-ST-ZIP Dade City, FL

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME Frank Lawson
2.3 STREET ADDRESS 29129 Johnston Road Lot 2801
2.4 CITY-ST-ZIP Dade City

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Lot 2636
3.4 CITY-ST-ZIP

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

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

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

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:

William Bellinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2, 1999 352-588-2930
Date Daytime Phone #

CR2E037 (11/98)