

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
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90092 019 ****61.25

DOCUMENT # 750233

1. Corporation Name

CALLAHAN VOLUNTEER FIRE AND RESCUE DEPARTMENT, I
NC.

Principal Place of Business

P. O. BOX 581
CALLAHAN FL 32011

Mailing Address

P. O. BOX 581
CALLAHAN FL 32011



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/14/1979

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6002273

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, DAVID R
406 BOOTH ST.
CALLAHAN FL 32011

81 Name WATTS, WILLIAM B
82 Street Address (P.O. Box Number is Not Acceptable)
4138 Church RD.
83
84 City CALLAHAN FL 85 Zip Code 32011

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

William B. Watts
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/18/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WATTS, WILLIAM B
STREET ADDRESS 4138 CHURCH RD.
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Pumphrey, Richard A
1.3 STREET ADDRESS 2087 CLEMMONS RD.
1.4 CITY-ST-ZIP Callahan Fl. 32011

TITLE V
NAME PUMPHREY, RICHARD A
STREET ADDRESS 2087 CLEMMONS RD.
CITY-ST-ZIP CALLAHAN FL ☐ DELETE

2.1 TITLE VT ☐ Change ☒ Addition
2.2 NAME Fournes, William F.
2.3 STREET ADDRESS 1997 Jones Cemetery RD
2.4 CITY-ST-ZIP Callahan Fl.

TITLE SD
NAME HORNE, GRACE
STREET ADDRESS 3899 JENNELLE CT.
CITY-ST-ZIP CALLAHAN FL ☐ DELETE

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

TITLE TD
NAME WATSON, PATRICIA T.
STREET ADDRESS 2101 CLEMMONS RD.
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Watts, Kathleen D
4.3 STREET ADDRESS 4138 Church RD
4.4 CITY-ST-ZIP Callahan Fl.

TITLE D
NAME LINDSEY, PATSY
STREET ADDRESS RT. 1, BOX 4062 IRIS RD.
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

5.1 TITLE D
5.2 NAME SLOAN, Brian D
5.3 STREET ADDRESS 1982 Cook Dr.
5.4 CITY-ST-ZIP Callahan Fl. ☐ Change ☒ Addition

TITLE D
NAME DOAN, RONALD P
STREET ADDRESS 2785 LAWHORN RD. W.
CITY-ST-ZIP CALLAHAN FL ☒ DELETE

6.1 TITLE D
6.2 NAME Pumphrey, Gayle M
6.3 STREET ADDRESS 2087 CLEMMONS RD
6.4 CITY-ST-ZIP Callahan Fl. ☐ Change ☒ Addition

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 B. Watts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99 (904) 879-2223
Date Daytime Phone #

CR2E037 (11/98)