

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
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90020 047 ****61.25

DOCUMENT # 750998

1. Corporation Name

PINETTA VOLUNTEER FIRE AND RESCUE, INC.

Principal Place of Business

P. O. BOX 269
PINETTA FL 32350
US

Mailing Address

P. O. BOX 269
PINETTA FL 32350
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/12/1980

4. FEI Number

NOT APPLICABLE

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

REEVES, GEORGE T
901 WEST BASE
MADISON FL 32340

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 PD
NAME CRISS, CODY
STREET ADDRESS RT 1, BOX 184 N/A
CITY-ST-ZIP PINETTA FL

TITLE VP
NAME SEXTON, BILLY
STREET ADDRESS E. HWY 150 N/A
CITY-ST-ZIP PINETTA FL

TITLE SD
NAME CRISS, MAYRANN
STREET ADDRESS RT 2, BOX 2240-B
CITY-ST-ZIP MADISON FL

TITLE BOD
NAME THOMPSON, RONDA J
STREET ADDRESS P.O. BOX 148 N/A
CITY-ST-ZIP PINETTA FL 32350

TITLE BOD
NAME CHAMBLIN, MARY
STREET ADDRESS E STATE ROAD 150
CITY-ST-ZIP PINETTA FL

TITLE BOD
NAME WYNO, FRANCIS L
STREET ADDRESS RT 1 BOX 296
CITY-ST-ZIP PINETTA FL 32350

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE BOD
1.2 NAME WESLEY THOMPSON
1.3 STREET ADDRESS P.O. BOX 148
1.4 CITY-ST-ZIP PINETTA FL 32350

2.1 TITLE SD
2.2 NAME NADMI GRAMLING
2.3 STREET ADDRESS RT 2 BOX 232
2.4 CITY-ST-ZIP MADISON FL 32340

3.1 TITLE BOD
3.2 NAME TERRY STUDEBAKER
3.3 STREET ADDRESS NE 2421 BELLEVILLE RD
3.4 CITY-ST-ZIP PINETTA FL 32350

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

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

6.1 TITLE
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: *Maryann Criss* SIGNATURE REQUIRED *MARYANN CRISS* 4-24-99 (850) 929-4566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)