

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90038 018 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 751565

1. Corporation Name

ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110

Mailing Address

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL FL 32110



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/17/1980

4. FEI Number

59-2611831

☒ 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

DOWNING, MARY F
1655 S. CHAFFEE RD.
JACKSONVILLE FL 32221

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 P
NAME MOCK, DANETTE
STREET ADDRESS RT 1 BOX 124-0
CITY-ST-ZIP BUNNELL FL 32110

☐ DELETE

TITLE D
NAME BROWN, MIKE
STREET ADDRESS 3696 MAHOGANY
CITY-ST-ZIP BUNNELL FL 32110

☐ DELETE

TITLE D
NAME SANTORE, RALPH
STREET ADDRESS CR 305 RD
CITY-ST-ZIP BUNNELL FL 00000

☐ DELETE

TITLE D
NAME SHINNICK, HAROLD
STREET ADDRESS 1 PINETREE LANE
CITY-ST-ZIP BUNNELL FL 32110

☐ DELETE

TITLE T
NAME COPS, MICKIE
STREET ADDRESS #7 BIMINI LANE
CITY-ST-ZIP BUNNELL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-499

904/437-4095

CR2E037 (11/98)