FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 751565

ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Busine
COUNTY ROAD 305 P. O. BOX 1729 BUINNELL EL 32110
BUNNELL FL 32110

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

Mailing Address

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

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Jan 26, 1999 8:00am **Secretary of State**

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



Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

03/17/1980

59-2611831

4. FEI Number

Zip Country Zip Country Zip Country Country Country Zip Country Country Zip Country Zip Country Zip Country Zip	23	28					· Fee Kequi				
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9. Name and Address of Current Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 1	24	25	29	30							Fees
DOWNING, MARY, F. JACKSONVILLE FL 32221 4 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 817 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chahqing 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 exportment as registered? Jeggent I am familier with, and except the obligation of, Section 517 0503, Florida Statutes. SIGNATURE P							10. Name and	Address of New I	Registered A	gent	
18-55 S. CHAFFEE RD. JACKSONVILLE FL 32221 8-64 City FL 85 Zip Code 1- Pursuant to the provisions of Sections 617 0502 and 617 1508. Feerds Statutes, the above-named corporation submits this statement for the purpose of changing its registered coffice or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors; i hereby accept the appointment earlegistered agent and accept the obligations of (Section 617 0503, Florids Statutes.) SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 1		Some But But But			81	Name					
1855 S. CHAFFEE RD. JACKSONVILLE FL 32221 83 84 City FL 85 Zip Code 17. Pursuant to the provisions of Sections 617 0502 and 617 1508. Foods Statutes, the above-named corporation submits this statement for the purpose of changing its registered coffice or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors, i hereby accept the appointment earlegistered. Significant in an amendment with, and accept the obligations of (Section 617 0503, Florids Statutes.) 80KONATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-51-2P MOCK, DANETTE RT 1 BOX 124-0 BROWN, MIKE 15. STREET ADDRESS BUNNELL FL 32110 DELETE 11. TITLE 1. Change Addition DROWN, MIKE 22. YAWE 23. STREET ADDRESS SOM MANUAL FL 32110 DELETE 3. TITLE 1. Change Addition DROWN, MIKE 3. STREET ADDRESS SOM MANUAL FL 32110 DELETE 3. TITLE 1. Change Addition DROWN, MIKE 3. STREET ADDRESS DROWN, MIKE	DOMESTINO STANDY F				92	Stroot Addre	se (P.O. Boy Num	her is Not Accent	able)		
JACKSONVILLE FL 32221 83	DOWNING MAKY THE VOLUME TEER FIRE DEPARTMENT, See 1				02	Suger Addre	SS (F.O. DOX HUIII	DOI IS NOT HOOP	abio /		
B4 City FL S Zip Code					83						
Program 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 2 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 2 of the corporation's board of directors. I hereby accept the appointment as registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the registered 2 of the corporation's board of directors. I hereby accept the appointment agent and the provisions of the corporation's board of directors. I hereby accept the purpose of changing its registered. CROWNERS DATE	JACKSONVILLE FL 32221									T1 - 5	
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Bit 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 algolishire required when reinstating)	Away on I		C17'1509 Elorida Statu	toe the a	201/0	-named como	ration submits this	statement for the	purpose of o	hanging its	egistered
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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 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 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 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 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 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 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 indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made unde											
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