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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755661 (6)
1. Corporation Name
HAMBURG-LOVETT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
ROUTE 3 - HIGHWAY #150 N
GREENVILLE FL 32331 ROUTE 3 - HIGHWAY #150 N
GREENVILLE FL 32331

3. Date Incorporated or Qualified

12/23/1980

4. FEI Number

59-2896876

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVE, WILLIAM R
214 1/2 S RANGE ST
MADISON FL FL 32340

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME STD
DAY, BERTHA
STREET ADDRESS RT 3-HIGHWAY #150 N
CITY-ST-ZIP GREENVILLE, FL 00000

TITLE ☐ DELETE

NAME FC
NORRIS, MARSHALL
STREET ADDRESS RT 3, BOX 72C
CITY-ST-ZIP GREENVILLE, FL 00000

TITLE ☐ DELETE

NAME P
BROOKS, PAUL M JR.
STREET ADDRESS RT 3 BOX 134A
CITY-ST-ZIP GREENVILLE FL

TITLE ☐ DELETE

NAME D
BROOKS, PAUL
STREET ADDRESS RT., HIGHWAY #150N
CITY-ST-ZIP GREENVILLE FL

TITLE ☐ DELETE

NAME D
LEWIS, AUBREY
STREET ADDRESS RT.3 HWY 150 N
CITY-ST-ZIP GREENVILLE FL

TITLE ☒ DELETE

NAME D
PFEIL, BEN
STREET ADDRESS RT. 3 HWY 146
CITY-ST-ZIP MADISON FL

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

☐ Change ☐ Addition

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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.

CR2E037 (10/97)