

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 05, 1999 8:00 am
Secretary of State

03-05-1999 90018 049 ****61.25

DOCUMENT # 755661

1. Corporation Name

HAMBURG-LOVETT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

ROUTE 3 - HIGHWAY #150 N
GREENVILLE FL 32331

Mailing Address

ROUTE 3 - HIGHWAY #150 N
GREENVILLE FL 32331



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/23/1980

4. FEI Number
59-2896876

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

CAVE, WILLIAM R
214 1/2 S RANGE ST
MADISON FL 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 STD
NAME DAY, BERTHA
STREET ADDRESS RT 3-HIGHWAY #150 N
CITY-ST-ZIP GREENVILLE, FL 00000

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

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

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

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

TITLE D
NAME MOORE, CHARLIE
STREET ADDRESS RT 3
CITY-ST-ZIP GREENVILLE FL 32331

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME A.F.C.
2.3 STREET ADDRESS Brooks Paul Sr.
2.4 CITY-ST-ZIP RT 3, Box 88
Greenville, Fla. 32331

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Betha Day
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.22.99 948.3751

Date

Daytime Phone #

CR2E037 (11/98)