

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 10, 1999 8:00 am  
Secretary of State

03-10-1999 90161 020 \*\*\*\*61.25

DOCUMENT # 759050

1. Corporation Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

RT 2 BOX 4000 WEST DORCH STREET  
FT WHITE FL 32038  
US

Mailing Address

RT 2 BOX 4000 WEST DORCH STREET  
FT WHITE FL 32038  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/07/1981

4. FEI Number

59-2918788

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

HUDSON, Z E  
S. BRYANT ST.  
FORT WHITE FL 32038

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 D  
NAME KOON, W. D.  
STREET ADDRESS HWY 47 NORTH  
CITY-ST-ZIP FT WHITE, FL 0

☐ DELETE

TITLE V  
NAME O'STEEN L.  
STREET ADDRESS C-138  
CITY-ST-ZIP FT WHITE, FL 0

☐ DELETE

TITLE P  
NAME HUDSON, Z E  
STREET ADDRESS S BRYANT ST, PO 12  
CITY-ST-ZIP FT WHITE, FL 00000

☐ DELETE

TITLE D  
NAME BRADLEY, JOE F.  
STREET ADDRESS BOX 114 SR 47 & US HWY27  
CITY-ST-ZIP FT WHITE, FL 0

☒ DELETE

TITLE ST  
NAME TERRY, EARL  
STREET ADDRESS RT 2 BOX 249 N/A  
CITY-ST-ZIP FT WHITE FL

☒ DELETE

TITLE D  
NAME WHITLEY, WILLIAM E.  
STREET ADDRESS RT 2 BOX 945 N/A  
CITY-ST-ZIP HIGH SPRINGS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☒ Change

☐ Addition

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

☒ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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: *Edmund Hudson* SIGNATURE REQUIRED *Edmund Hudson* 3-2-99 904/497-3345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)