

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90101 032 ****70.00

DOCUMENT # 759356

1. Corporation Name

SEBRING AIRPORT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

233 CHALLENGER DRIVE
SEBRING FL 33870

Mailing Address

233 CHALLENGER DRIVE
SEBRING FL 33870



2. Principal Place of Business

21 233 Challenger Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 233 Challenger Dr.
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

07/28/1981

4. FEI Number

59-1173009

Applied For

Not Applicable

City & State

23 Sebring, FL
Zip

24 33870

Country

City & State

28 Sebring, FL
Zip

29 33870

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, CARYN M
4819 SIXTH STREET
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name

Adams, Caryn M.

82 Street Address (P.O. Box Number is Not Acceptable)

4819 Sixth Str.

83

84 City

Sebring

FL

85 Zip Code

33870

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

Caryn M. Adams

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-99

12. OFFICERS AND DIRECTORS

TITLE: D ☐ DELETE

NAME: HIGGINS, THOMAS
STREET ADDRESS: 2227 SPARROW DR
CITY-ST-ZIP: SEBRING FL

TITLE: T ☐ DELETE

NAME: ADAMS, CARYN M.
STREET ADDRESS: 4819 6TH ST
CITY-ST-ZIP: SEBRING FL

TITLE: SAA ☐ DELETE

NAME: BERRY, THOMAS
STREET ADDRESS: 4516 MINERVA ST
CITY-ST-ZIP: SEBRING FL

TITLE: T ☐ DELETE

NAME: MARTIN, GERALD C., SR.
STREET ADDRESS: 601 MAGNOLIA AVE
CITY-ST-ZIP: SEBRING FL

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D ☐ Change ☐ Addition

1.2 NAME: Higgins, Thomas
1.3 STREET ADDRESS: 2227 Sparrow Dr.
1.4 CITY-ST-ZIP: Sebring FL 33872

2.1 TITLE: T ☐ Change ☐ Addition

2.2 NAME: Adam, Caryn M.
2.3 STREET ADDRESS: 4819 Sixth Str
2.4 CITY-ST-ZIP: Sebring, FL 33870

3.1 TITLE: SAA ☒ Change ☐ Addition

3.2 NAME: Joann Martin
3.3 STREET ADDRESS: Cherry Tree Dr 608
3.4 CITY-ST-ZIP: Sebring, FL 33870

4.1 TITLE: T ☒ Change ☐ Addition

4.2 NAME: Martin Gerald C Sr.
4.3 STREET ADDRESS: 608 Cherry Tree Dr
4.4 CITY-ST-ZIP: Sebring, FL 33870

5.1 TITLE: SAA ☐ Change ☐ Addition

5.2 NAME: Berry, Thomas D.
5.3 STREET ADDRESS: 4516 Minerva Str.
5.4 CITY-ST-ZIP: Sebring FL 33870

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:

Caryn M. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-99

CR2E037 (11/98)