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Feb 12, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 761211

1. Corporation Name

SANDERSON VOLUNTEER FIREMAN'S ASSOCIATION INCORPORATED

Principal Place of Business

C/O CARLTON DAVIS  
U S 90 P O BOX 244  
SANDERSON FL 32087

Mailing Address

C/O CARLTON DAVIS  
U S 90 P O BOX 244  
SANDERSON FL 32087



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

12/23/1981

4. FEI Number

59-2364659

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

DAVIS (CARLTON)  
U.S. 90, P.O. BOX 244  
SANDERSON FL 32087

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	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, CARLTON	
STREET ADDRESS	P O BOX 244 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HODGES, GARY	
STREET ADDRESS	RT. 1 BOX 3100	
CITY-ST-ZIP	GLEN ST. MARY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAGLIN, ROBERT	
STREET ADDRESS	P O BOX 112 N/A	
CITY-ST-ZIP	SANDERSON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, RONALD C.	
STREET ADDRESS	RT. 1 BOX 236	
CITY-ST-ZIP	SANDERSON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JACOBS, WILLIAM	
STREET ADDRESS	RT. 1 BOX 3260	
CITY-ST-ZIP	GLEN ST. MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ronald C. Davis* *RONALD C. DAVIS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99

Date

904-275-2145

Daytime Phone #

CR2E037 (1/98)