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**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90018 047 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 765547**

1. Corporation Name

**FT. MCCOY/EUREKA VOLUNTEER FIRE AUXILIARY, INC.**

Principal Place of Business

FT MCCOY EUREKA VOL. FIRE AUXILIARY  
13150 E HWY 316  
FT MCCOY FL 32134  
US

Mailing Address

FT MCCOY EUREKA VOL. FIRE AUXILIARY  
13150 E HWY 316  
FT MCCOY FL 32134  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

10/26/1982

4. FEI Number

26-2442619

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

**WILLIAMS, JOANN, W**  
**15055 NE 144TH ST**  
**FT MCCOY FL 32134**

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 **VTD** ☒ DELETE  
NAME **GREER, RUBY**  
STREET ADDRESS **6530 SW 155 ST**  
CITY-ST-ZIP **DUNNELLON FL**

TITLE **D** ☐ DELETE  
NAME **COX, JOE ANN**  
STREET ADDRESS **15054 NE 144ST**  
CITY-ST-ZIP **FT. MCCOY FL**

TITLE **PS** ☐ DELETE  
NAME **WILLIAMS, JOANN W.**  
STREET ADDRESS **15055 N.E. 144TH STREET**  
CITY-ST-ZIP **FT. MCCOY FL**

TITLE **D** ☐ DELETE  
NAME **GOLDBECKER, JUNE**  
STREET ADDRESS **15150 NE 144TH LANE**  
CITY-ST-ZIP **FT MCCOY FL**

TITLE **D** ☐ DELETE  
NAME **CAMPBELL, DOLLY**  
STREET ADDRESS **15950 NE HWY 315**  
CITY-ST-ZIP **FT. MCCOY FL 32134**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**VTD** ☒ Change ☐ Addition  
**MYERS, LORETTA**  
**PO Box 449 13677 NE 158 STREET**  
**FT. McCoy, FL**

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

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: *Joann Williams* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/99 352-236-4484  
Date Daytime Phone #

CR2E037 (11/98)