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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **767243**

1. Corporation Name
SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 277 BLOUNSTOWN FL 32424	RT. 1 BOX 277 BLOUNSTOWN FL 32424

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/02/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3478398 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BARKER, JOE
RTE 1 BOX 7705
KINARD FL 32449

10. Name and Address of New Registered Agent

81 Name: Same
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: Joe Barker (NOTE: Registered Agent signature required when reinstating) DATE: 1-5-99
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RHODES, DIANE		1.2 NAME		
STREET ADDRESS	RT. 1 BOX 257		1.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNSTOWN FL 32424		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TIMMONS, BUD		2.2 NAME		
STREET ADDRESS	RT 1 BOX 242		2.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ETTA		3.2 NAME		
STREET ADDRESS	RT. 1 BOX 254		3.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNSTOWN FL 32424		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, MARGARET		4.2 NAME		
STREET ADDRESS	RT. 1, BOX 277		4.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, CHARLES		5.2 NAME		
STREET ADDRESS	RT 1 BOX 254		5.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KENDALL		6.2 NAME		
STREET ADDRESS	RT 1, BOX 214		6.3 STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Margaret H. Hall MARGARET H. HALL 1-4-99 850-674-4721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #