

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

## **DOCUMENT # 770653**

SUWANEE RANCHETTES VOLUNTEER FIRE DEPARTMENT, IN

Country

25

Principal Place of Business ROUTE 5. BOX 717-A LAKE CITY FL 32024

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

PO BOX 342 BRANFORD FL 32008 US

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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Country

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## Apr 09, 1999 8:00 am § Secretary of State

04-09-1999 90038 020 \*\*\*\*61.25

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Date Incorporated or Qualifed 10/10/1983

5. Certifcate of Status Desired

6. Election Campaign Financing

Name and Address of New

Trust Fund Contribution

4. FEI Number

**=59-2879873** 

	9. Name and Address of Current Registered Ag	gent				11411	IO AIIU AUUIT		1109.000.00			
			8	31 1	Name							
SAMPSON, MARIANNE				32 5	2 Street Address (P.O. Box Number is Not Acceptable)							
RT. 5, BOX	X 717		L									
LAKE CITY	f FL 32024		8	13								
			8	34 (	City			1		85 , Zip C	ode	
	· ·				•				<u>` FL</u>	<u>.                                    </u>		
office or re	to the provisions of Sections 617.0502 and 617.1508 egistered agent, or both, in the State of Florida, Such in familiar with, and accept the obligations of, Section	change was auth	onzed C	ov the	amed o	orporation sub ration's board o	mits this state of directors. I	ment for the hereby acce	e purpose of opt the appoi	changing its intment as reg	registered jistered	
SIGNATURE		(NOTE: D	alabanad Ar	annt ei	anatura ra	uired when reinstati	90)		DATE			
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	Seur ed	Disarras La			IGES TO O		ND DIRECTO	RS IN 12	
		DELETE	1.1 TITLE	DE P							<b>⊠</b> Addition	
TITLE	SD HACKSON BILL		1.2 NAME				Keefe	eter or a	290			
NAME	JACKSON, BILL		1.3 STRE	_	noneec	_	D bornh Keefer <del>216451:</del> nKe City, F1.321		10 Jr. / 10"	••		
STREET ADDRESS	RT 2 BOX 795 NA				1	INKO CI				•		
CITY-ST-ZIP	BRANFORD FL	DELETE	1.4 CITY		)P	20,710 0.	7)			Change	Addition	
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NAME	TERRY, PEGGY		2.2 NAM									
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CITY-ST-ZIP	LAKE CITY FL 32024		2. 4 CITY		ZIP				<del></del>	Change	Addition	
TILE	TD	☐ DELETE	3.1 TITLE							Change	☐ Addition	
NAME	PEGGY, TERRY		3.2 NAM	Œ	- 1							
STREET ADORESS	22019 29TH RD		3.3 STRE	EETAC	DDRESS							
CITY-ST-ZIP	LAKE CITY FL 32024		3.4. CITY	Y-ST-2	ZIP							
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CITY-ST-ZIP			5.4 CITY	/-ST-Z	SP C							
TITLE		☐ DELETE	6.1 TIYL	E						Change	Addition	
NAME			6.2 NAM	Æ								
STREET ADDRESS	¥		6.3 STRI	EET AL	DDRESS							
CITY-ST-ZIP			6.4 CITY	/-ST-Z	ge							
14 1 hosebu s	partify that the information supplied with this filing doe	s not qualify for th	e exem	notion	stated	in Section 119	.07(3)(i), Flor	ida Statutes	. I further ce	rtify that the it	nformation	

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.

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable