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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N02707

1. Corporation Name

THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

Principal Place of Business

P.O. BOX 1127
LAKE WORTH FL 33460
US

Mailing Address

PO. BOX 1127
LAKE WORTH FL 33460
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/24/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0051351

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HISCOCK, JOHN E.
3655 ELIZABETH STREET
LAKE WORTH FL 33461

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE PTD ☐ DELETE

NAME **HISCOCK, JOHN E.**
STREET ADDRESS **1598 62 TRAIL S.**
CITY-ST-ZIP **WEST PALM BCH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME **WARREN, RAYMOND B.**
STREET ADDRESS **308 EVERGREEN DR**
CITY-ST-ZIP **LAKE WORTH FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME **CICALESE, MRS MAE**
STREET ADDRESS **625 ROCKLAND DR**
CITY-ST-ZIP **WEST PALM BCH FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME **SIMMONS, WILBUR B.**
STREET ADDRESS **799 NO. IVORY LANE**
CITY-ST-ZIP **WEST PALM BCH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME **SAMA, PASQUALE A.**
STREET ADDRESS **3198 MARINER WY**
CITY-ST-ZIP **LANTANA FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18 99

Date

Daytime Phone #

561-2364814

CR2E037 (11/98)