

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90217 032 \*\*\*\*61.25

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**DOCUMENT # N05158**

1. Corporation Name

**RIFLE RANGE VOLUNTARY FIRE DEPT. INC.**

Principal Place of Business

**118 NORTH RIFLE RANGE ROAD  
P.O. BOX 5007  
WINTER HAVEN FL 33880**

Mailing Address

**P.O. BOX 5007  
ELOISE FL 33880**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FOSTER, GEORGE M  
1918 RIFLE RANGE RD  
WAHNETA FL 33880**

3. Date Incorporated or Qualified

**09/14/1984**

4. FEI Number

**NOT APPLICABLE**

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

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

*George M. Foster*  
Signature, typed or printed name of registered agent and title if applicable.

*George M. Foster*  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VD  
HUNT, DENVER**  
STREET ADDRESS **170 VARNADOE RD.**  
CITY-ST-ZIP **WAHNETA FL 33880**

TITLE ☐ DELETE

NAME **S  
HUNT, RANDALL J**  
STREET ADDRESS **126 AVE A E**  
CITY-ST-ZIP **WAHNETA FL 33880**

TITLE ☐ DELETE

NAME **TD  
BRIDGES, MELISSA**  
STREET ADDRESS **802 WATER OAKS DR**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ DELETE

NAME **PD  
FOSTER, GEORGE M**  
STREET ADDRESS **1918 RIFLE RANGE RD**  
CITY-ST-ZIP **WAHNETA FL 33880**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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: *George M. Foster* 1-27-99 941-8247432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)