

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
Jun 21, 1999 8:00 am
Secretary of State

06-21-1999 90002 049 ****61.25

DOCUMENT # N05388

1. Corporation Name

LAKE TALQUIN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

**16500 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310
US**

Mailing Address

**16500 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/27/1984

4. FEI Number

59-2916646

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

**HARVEY, KENNETH R.
16919 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310**

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

Kenneth R. Harvey

(NOTE: Registered Agent signature required when reinstating)

DATE

6-9-99

12. OFFICERS AND DIRECTORS

T
NAME HARVEY, CARMA
STREET ADDRESS 16919 BLOUNTSTOWN HWY
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

D
NAME OUZTS, GINA
STREET ADDRESS 16919 BLOUNTSTOWN HWY
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

D
NAME ABBOT, BOB
STREET ADDRESS SMITH CREEK RD
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

S
NAME BICE, KATHLEEN
STREET ADDRESS 16909 BLOUNTSTOWN HWY
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

D
NAME OUZTS, RANDY
STREET ADDRESS 16500 HIGHWAY 20 WEST
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

P
NAME HARVEY, KENNETH
STREET ADDRESS 16919 BLOUNTSTOWN HWY
CITY-ST-ZIP TALLAHASSEE FL 32310

☐ DELETE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0006354