

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90010 027 ****61.25

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DOCUMENT # N05580

1. Corporation Name

CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

2 WOODLAND AVENUE
CANTONMENT FL 32533

Mailing Address

2 WOODLAND AVENUE
CANTONMENT FL 32533



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/09/1984

4. FEI Number

51-0186011

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

SMITH, JOHNNELL
1951 STACY ROAD
CANTONMENT FL 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SMITH, JOHNNELL
STREET ADDRESS 1951 STACY ROAD
CITY-ST-ZIP CANTONMENT FL

TITLE VD ☒ DELETE

NAME ELDER, JOHN M
STREET ADDRESS 1937 RYALE ROAD
CITY-ST-ZIP CANTONMENT FL

TITLE SD ☐ DELETE

NAME ELDER, SHERRI D
STREET ADDRESS 1937 RYALE ROAD
CITY-ST-ZIP CANTONMENT FL

TITLE T ☐ DELETE

NAME JOHNSON, CONNIE P
STREET ADDRESS 2714 MONICA LN
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ DELETE

NAME WOMACK, PEGGY
STREET ADDRESS 602 COWLER AVE.
CITY-ST-ZIP CANTONMENT FL 32533

TITLE CB ☐ DELETE

NAME PICKENS, LLOYD
STREET ADDRESS 109 HARVEST HILL DR.
CITY-ST-ZIP CANTONMENT FL 32533

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

VD
Single, Jeffery D.
1080 Hwy 97 south
Cantonment FL. 32533

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:

John Smith SIGNATURE REQUIRED

SMITH

1/5/99

479-3004

Date

Daytime Phone #

CR2E037 (11/98)