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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N09688

1. Corporation Name

**RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT,
INC.**

Principal Place of Business

9990 SW 63RD LN
CEDAR KEY FL 32625
US

Mailing Address

9990 SW 63RD LN
CEDAR KEY FL 32625
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/11/1985

4. FEI Number

59-0007171

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

ANDERSON, DONNA C.
6350 SW 95TH AVE
OXFORD RD
CEDAR KEY FL 32625

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

Donna C. Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3.3.99

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WILKERSON, GERALD
STREET ADDRESS SW 103RD TERR
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ DELETE

TITLE D
NAME HATHCOCK, JOE
STREET ADDRESS SHILOH ROAD
CITY-ST-ZIP CEDAR KEY FL ☐ DELETE

TITLE P
NAME THOMPSON, CHRISTY
STREET ADDRESS HIGHWAY RT 24
CITY-ST-ZIP CEDAR KEY FL ☐ DELETE

TITLE D
NAME HATHCOX, LINDA
STREET ADDRESS SHILOH ROAD
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ DELETE

TITLE S
NAME DONNA ANDERSON
STREET ADDRESS OXFORD ROAD
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ DELETE

TITLE D
NAME SMITH, TODD
STREET ADDRESS OXFORD ROAD
CITY-ST-ZIP CEDAR KEY FL 32625 ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Donna C. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.3.99

CR2E037 (11/98)