1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N20374

1. Corporation Name

CISCO GARDENS AREA VOLUNTEER FIRE DEPARTMENT, IN C.

Principal Place of Business

4220 JONES ROAD JACKSONVILLE FL 32219 Mailing Address

4220 JONES ROAD JACKSONVILLE FL 32219

## FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90177 039 \*\*\*\*70.00



22. Principal Place of Business 22. Mailing Address 23. Mailing Address 24. Mailing Address 25. O4/27/1987  Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 28. City & State 29. Country 21. Country 22. Country 23. Trust Fund Contribution 3. Date Incorporated or Qualify 4. FEI Number 59-2846716  5. Certificate of Status Desired 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Name and Address of Current Registered Agent  THOMPSON, CAPTAIN ROGER A. 4220 JONES ROAD JACKSONVILLE FL 32219  83. Date Incorporated or Qualify 04/27/1987  4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Name and Address of New Name 81. Name 82. Street Address (P.O. Box Number is Not Access to Address of New Name Name New Name Name Name Name Name Name Name Name	s8.75 Fee F  ng S5.00 Added	Applied For Not Applicable Additional Required May Be
21   26   04/27/1987	s8.75 Fee F  ng S5.00 Added	Not Applicable Additional Required May Be
Suite, Apt. #, etc.  Suite, Apt. #, etc.  22  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  City & State  City & State  City & State  Suite, Apt. #, etc.  City & State  City & State  Suite, Apt. #, etc.  59-2846716  5. Certificate of Status Desired  6. Election Campaign Financia  Trust Fund Contribution  9. Name and Address of Current Registered Agent  THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD  JACKSONVILLE FL 32219	\$8.75 Fee F ng \$5.00	Not Applicable Additional Required May Be
27	\$8.75 Fee F ng \$5.00	Not Applicable Additional Required May Be
City & State  City & State  28  Zip Country  Zip Country  30  Trust Fund Contribution  9. Name and Address of Current Registered Agent  THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD  JACKSONVILLE FL 32219  City & State  5. Certifcate of Status Desired  6. Election Campaign Financia  10. Name and Address of New Marine and Address of New Marine  81 Name  82 Street Address (P.O. Box Number is Not Access to the New Marine and Address of New Marine and N	s8.75 Fee F ng S5.00 Added	Additional Required  May Be
23	ring \$5.00 Added	Required  May Be
Zip Country Zip Country 6. Election Campaign Financia 24 - 25 29 30 Trust Fund Contribution  9. Name and Address of Current Registered Agent  THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD  JACKSONVILLE FL 32219  6. Election Campaign Financia  Trust Fund Contribution  10. Name and Address of Ne	Added	
24 25 29 30 Trust Fund Contribution  9. Name and Address of Current Registered Agent  10. Name and Address of Ne  THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD  JACKSONVILLE FL 32219	Added	
9. Name and Address of Current Registered Agent  10. Name and Address of New Name  THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD  JACKSONVILLE FL 32219	w Registered Agent	
THOMPSON, CAPTAIN ROGER A.  4220 JONES ROAD JACKSONVILLE FL 32219		
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JACKSONVILLE FL 32219	epiable)	
84 City		
[ Sig	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	• - :	ts reaistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby ac	cept the appointment as r	registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.		
SIGNATURE Storature, lyned or control pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinstating)	DATE	·
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO		ORS IN 12
TITLE VD DELETE 1.1 TITLE	☐ Change	Addition
- VO		.)
COLLINO, CART III.		
4558 40450 404D		
CITY-ST-ZIP JACKSONVILLE FL 32219 14 CITY-ST-ZIP TITLE VID	Change	e Addition
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STREET ADDRESS 4220 JONES ROAD 2.3 STREET ADDRESS		
CITY-ST-ZIP JACKSONVILLE FL 32219 2.4 CITY-ST-ZIP  TITE SD DELETE 3.1 TITLE	Change	■ Addition
30		
NAME ROONEY, PATRICK T	•	
STREET ADDRESS 4220 JONES ROAD 3.3 STREET ADDRESS		_
CITY-ST-ZIP JACKSONVILLE FL 32219 3.4. CITY-ST-ZIP	Change	Addition
- Li Costain	Rose A	
NAME Thompson, Captain	The M.	
STREET ADDRESS 43 STREET ADDRESS 43 Ones Kd.	219	
	Change	e
52 NAME		
NAME:		1
STACES ALUMESS		
CITY CT 7(D	Change	e Addition
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TILE DELETE 61TITLE		
UIT-SI-ZIF		I

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 OF PRINCIPLE OF PRINCIPLE OF DIRECTOR POSON

19/99 904.751.6392

CR2E037 (11/98