

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**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90047 026 \*\*\*\*70.00

**DOCUMENT # N20968**

1. Corporation Name

**LAND O'LAKES VOLUNTEER FIRE DEPARTMENT INC.#2**

Principal Place of Business

21709 HALE ROAD  
LAND O LAKES FL 34639-0095  
US

Mailing Address

P. O. BOX 95  
LAND O LAKES FL 34639-0095  
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

06/03/1987

4. FEI Number

59-2586827

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

SANTANA ACCOUNTING SERVICES  
3738 LAND O'LAKES BLVD.  
SUITE 202  
LAND O'LAKES FL 34639

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 D ☐ DELETE

NAME BYRNE, MICHAEL  
STREET ADDRESS 4718 ALPINE ROAD  
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D ☐ DELETE

NAME MCCORD, MARY ANN H  
STREET ADDRESS 22620 PENNY LOOP  
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE D ☒ DELETE

NAME NAPIER, RUSSELL  
STREET ADDRESS 19036 BREWER RD  
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE V ☐ DELETE

NAME ENGLE, WILLIAM L  
STREET ADDRESS 1901 BRINSON RD #14  
CITY-ST-ZIP LUTZ FL 33549

TITLE P ☐ DELETE

NAME KERN, TAMMY J  
STREET ADDRESS 22731 PENNY LOOP  
CITY-ST-ZIP LAND O'LAKES FL 34639

TITLE S/T ☐ DELETE

NAME DILLY, JEFFREY W  
STREET ADDRESS 5140 EAGLE ISLAND DR  
CITY-ST-ZIP LAND O'LAKES FL 34639

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☒ Change ☐ Addition

1.2 NAME MCCORD, MARY ANN H  
1.3 STREET ADDRESS 22620 GAGE LOOP #21  
1.4 CITY-ST-ZIP LAND O LAKES, FL 34639

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME ENGLE, WILLIAM L  
2.3 STREET ADDRESS 1901 BRINSON RD #14  
2.4 CITY-ST-ZIP LUTZ, FL 33549

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BENCHOFF, JOHN M  
3.3 STREET ADDRESS 2727 W. FLETCHER AVE APT. 23G  
3.4 CITY-ST-ZIP TAMPA, FL 33618

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME DILLY, ANN M  
4.3 STREET ADDRESS 5140 EAGLE IS DR  
4.4 CITY-ST-ZIP LAND O LAKES, FL 34639

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME MITCHELL, WILLIAM F  
5.3 STREET ADDRESS 4031 SPRUCEWOOD PLACE  
5.4 CITY-ST-ZIP LAND O LAKES, FL 34639

6.1 TITLE D ☐ Change ☒ Addition

6.2 NAME HAGEN, SCOTT  
6.3 STREET ADDRESS 22211 REESER LN  
6.4 CITY-ST-ZIP LAND O LAKES, FL 34639

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:

*Jeffrey W. Dilly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SECRETARY/TREASURER 25 APR 99 813 996 2610

CR2E037 (11/98)

545658-90047-26

N120968

Director  
Benchoff, John M.  
2727 West Fletcher Avenue, Apt. 23G  
Tampa, Florida 33618

Director  
Byrne, Michael  
Post Office Box 202  
Land O' Lakes, Florida 34639

Sec/Treas(NV)  
Dilly, Jeffrey W.  
5140 Eagle Island Drive  
Land O' Lakes, Florida 34639

Director  
Dilly, Ann M.  
5140 Eagle Island Drive  
Land O' Lakes, Florida 34639

Director  
Engle, William L.  
1901 Brinson Road #14  
Lutz, Florida 33549

Director  
Hagen, Scott  
22211 Reeser Lane  
Land O' Lakes, Florida 34639

President  
Kern, Tammy J.  
22630 Gage Loop #10  
Land O' Lakes, Florida 34639

Director  
McAlister, Dale R.  
20735 Gardenia Drive  
Land O' Lakes, Florida 34639

Vice President  
McCord, Mary Ann H.  
22620 Gage Loop #21  
Land O' Lakes, Florida 34639

Director  
Mitchell, William F.  
4031 Sprucewood Place  
Land O' Lakes, Florida 34639

THIS LIST INCLUDED FOR VERIFICATION