

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90096 010 ****61.25

DOCUMENT # N22565

1. Corporation Name

RED OAK COMMUNITY FIRE DEPARTMENT, INC.

Principal Place of Business

ROUTE 2, BOX 255-A
ALTHA FL 32421

Mailing Address

ROUTE 2, BOX 255-A
ALTHA FL 32421



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/18/1987

4. FEI Number

NOT APPLICABLE

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

WALDEN, GARNET
WALDEN TIMBER HARVESTNG
MAGNOLIA CHURCH ROAD
ALTHA FL 32421

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 PARRISH, DOWLING
STREET ADDRESS RT. 1, BOX 11
CITY-ST-ZIP ALTHA FL

TITLE VD ☐ DELETE
NAME WHITE, GEORGE
STREET ADDRESS RT. 2, BOX 267
CITY-ST-ZIP ALTHA FL

TITLE TD ☐ DELETE
NAME WALDEN, GARNET
STREET ADDRESS ROUTE 2, BOX 255-A
CITY-ST-ZIP ALTHA FL

TITLE SD ☐ DELETE
NAME ALDERMAN, JOAN
STREET ADDRESS RT 2
CITY-ST-ZIP ALTHA FL

TITLE D ☒ DELETE
NAME DAVIS, NORMAN
STREET ADDRESS RT. 1
CITY-ST-ZIP ALTHA FL

TITLE D ☐ DELETE
NAME COX, HOWARD
STREET ADDRESS RT. 1
CITY-ST-ZIP ALTHA FL

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:

Garnet Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

850/674-4884
Daytime Phone #

CR2E037 (11/98)