FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 17 1998 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25789

(1)

Mailing Address

ROYAL VOLUNTEER FIRE DEPARTMENT, INC.

9641 CTY RD 235 WILDWOOD FL 34785 US		9641 CTY RD 235 WILDWOOD FL 34785 US		3. Date Incorporated or Qualified			
				04/06/1988			
03		03			4. FEI Number	Applied For	
					59-2911394	Not Applicable	
—		2a. Mailing Address	-¬			\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be		
22		27		Trust Fund Contribution	Added to Fees		
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?		
23		28			Yes No		
Zip	Country Zip		Country	Country 8. This corporation owes or has paid the current year intangible		nt year intangible	
24	25	25 29 30			Personal Property Tax due June 30.		
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Ag	ent	
81 Name							
SOLOMON, LEVI					82 Street Address (P.O. Box Number is Not Acceptable)		
10101 CR 237			64	Street Address (P.O. Box Number is Not Acceptable)			
OXFORD FL 34484							
OM OND	7 F L 94104						
			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 trie if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12	
TITLE	C/D	☐ DELETE	1.1 TITLE	- D.	SONATHAN ERVING	Change Addition	
NAME	BROOKS, LORENZO		1.2 NAME		JOHN THE ENV		
STREET ADDRESS			1.3 STREET A	DORESS 9	149 CK 741	ľ	
CITY-ST-ZIP	OXFORD FL		1.4 CITY-ST	- " I I.	Wildward F1 34785	1	
TITLE	S/T	DELETE	2.1 TITLE	<u> </u>	MITOMORY 12 VIII	Change Addition	
NAME	WILLIAMS, LOUISE		2.2 NAME				
STREET ADDRESS			2.3 STREET A	Direce		}	
	WILDWOOD FL						
CITY-ST-ZIP TITLE	D DELETE		2.4 City-St 3.1 Title	-ZIP		Change Addition	
NAME					_		
	NICHOLS, HULON		3.2 NAME				
STREET ADDRESS	9641 CR 235		3.3 STREET A	· · · · · · · · · · · · · · · · · · ·		}	
CITY-ST-ZIP	WILDWOOD FL 34785	DELETE	3.4. CITY-ST	- ZIP		Change Addition	
TITLE	DINO		4.1 TITLE			Touristic FTIVOGEGOU	
NAME	KUHNS, JOHN C		4. 2 NAME	ĺ		1	
STREET ADDRESS	2045 CR 204			ddress		ļ	
CITY-ST-ZIP_	WILDWOOD FL 34484			ZIP		100	
TITLE	D	DELETE	5.1 TITLE 5.2 NAME	l	L	Change Addition	
NAME	CARIEL, SANDY			Į		1	
STREET ADDRESS				DDRESS)	
CITY-ST-ZIP	WILDWOOD FL 34785	<u> </u>	5.4 CITY-ST-	ZIP			
TRTLE	D	☐ DELETE	6.1 TITLE			Change	
NAME	WILLIAMS, NATHANIEL		6.2 NAME	[ſ	
STREET ADDRESS	374 WC 462		6.3 STREET A	DDRESS		1	
CITY-ST-ZIP	WILDWOOD FL		6.4 CITY-ST-	. ZIP		ĺ	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information							