

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90188 032 ****70.00

DOCUMENT # N29608

1. Corporation Name

THE CITY OF MIDWAY VOLUNTEER FIRE DEPARTMENT, IN
C.

Principal Place of Business
OLD SCHOOLHOUSE RD.
MIDWAY FL 32343

Mailing Address
P.O. BOX 590
MIDWAY FL 32343

331698 - 90188 - 32



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/07/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2723706

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWSON, CLYDE
JOYNER ST
MIDWAY FL 32343

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

Leslie Lawson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME THOMAS, MORRIS
STREET ADDRESS BRICKYARD RD
CITY-ST-ZIP MIDWAY FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE ST
NAME MAYNOR, PATRICIA
STREET ADDRESS HWY. 90
CITY-ST-ZIP HAVANA FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE P
NAME LAWSON, LIZZIE
STREET ADDRESS COUNTY RD 268
CITY-ST-ZIP MIDWAY FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME POSEY, JAMES A.
STREET ADDRESS JOYNER ROAD
CITY-ST-ZIP MIDWAY FL

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ 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:

Leslie Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

750-574-135

Daytime Phone #

CR2E037 (11/98)