NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **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

## FILED Apr 14, 1999 8:00 am Secretary of State

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

\* 3 331698 - 90188 - 32 8 \*



Sulle, Apt. #, etc.    Sulle, Apt. #, etc.											
Sulle, Apt. 6, etc.    Sulle, Apt. 6, etc.	2. Principal P	Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed				
27	21		26								
City & State 3	Suite, Apt.	#, etc.	Suite, Apt. #, etc.								
28   29   39   39   5. Certificate of Status Desired   1   Fee Required   2   20   39   39   5. Certificate of Status Desired   2   5. 00 May De Added to Fees   20   39   39   10. Name and Address of New Registered Agent   55.00 May De Added to Fees   20   39   10. Name and Address of New Registered Agent   51   Name   22   Street Address (P.O. Box Number is Not Acceptable)	22			<u> </u>		<u> </u>	59-2/23/06				
28   29   20   29   30   30   30   30   30   30   30   3	City & State	е	City & State				5. Certificate of Status Desired	<b>X</b> Í	•		
3. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Name  13. Name  14. Name  15. Name  15. Name  15. Name  16. Name and Address of New Registered Agent  17. Street Address (P.O. Box Number is Not Acceptable)  18. Name  18. Street Address (P.O. Box Number is Not Acceptable)  19. Pursuant to the provisions of Sections 617,0502 and 617,1503. Florids Statutes, the above-named corporation aubrits this statement for the purpose of changing its registered office or registered with an adaption of section 617,0502 and 617,0503, Florids Statutes, the above-named corporation aubrits this statement for the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered office or registered with a complete the purpose of changing its registered with a complete the purpose of changing its registered with a complete the purpose of changing its registered office or registered with a complete the purpose of change in the purpose of changing its registered with a complete the purpose of changing its registered with	23		28							<del>-</del>	
9. Name and Address of Current Registered Agent  19. Name and Address of New Registered Agent  LAWSON, CLYDE JOYNER ST MIDWAY FL 32343  82 Street Address (P.O. Box Number is Not Acceptable)  19. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  20. OYNER ST MIDWAY FL 32343  83	Zip				<del></del>						
LAWSON, CLYDE JOYNER ST MIDWAY FL 32343  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Fiorida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes agent to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0503, Florida Statutes.  SIGNATURE   Pursuant to the provisions of Sections 617.0	24	₹ 25	29	30						ed to Fees	
LAWSON, CLYDE JOYNER ST MIDWAY FL 32343  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered office or registering agent, are radigative with, and accept the obligations of, Section 617.0503, Priorida Statutus.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. THE DELETE 11 TITLE DIRECTORS STILL INTERPRETATIONS IN 12.  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES		9. Name and Address of Curre	nt Registered Agent		241	<del></del>	10. Name and Address of New F	Registered A	Agent		
JOYNER ST MIDWAY FL 32343  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered office or registeryod 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 dragflufur with, and accept the originations of, Section 617.0502, Florida Statutes.  SIGNATURE Appeals take to retreat data at superior agent. I am dragflur with, and accept the originations of, Section 617.0503, Florida Statutes.  12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D D DELETE 1.1 TITLE D. Change Addition of Statutes.  1.2 NAME STREET ADDRESS BRICKYARD RD 1.2 STREET ADDRESS STREET A					81	Name					
JOYNER ST MIDWAY FL 32343  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutus, the above-named corporation submits this statement for the purpose of changing its registered office or registeryod 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 dragflufur with, and accept the originations of, Section 617.0502, Florida Statutes.  SIGNATURE Appeals take to retreat data at superior agent. I am dragflur with, and accept the originations of, Section 617.0503, Florida Statutes.  12. OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE D D DELETE 1.1 TITLE D. Change Addition of Statutes.  1.2 NAME STREET ADDRESS BRICKYARD RD 1.2 STREET ADDRESS STREET A	LAWSON CLYDE					82 Street Address (P.O. Box Number is Not Acceptable)					
MIDWAY FL 32343    83											
### City ### City ### City ### B8 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 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 agriptlar with, and accept the obligations of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am agriptlar with, and accept the obligations of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am agriptlar with, and accept the obligations of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am agriptlar with, and accept the obligations of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, in the appointment as registered agent, and accept the obligation of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligation of Section 617 0030. Florida Statutes, the above-named corporation's board of directors. I hereby accept the deprivation of the appointment as registered agent. I hereby accept the deprivation of the appointment as registered agent. In the purpose of directors. I hereby accept the deprivation of the appointment as registered agent. In the purpose of directors. I hereby accept the deprivation of the appointment as registered agent. In the purpose of directors. I hereby accept the deprivation of the purpose of the appointment as registered agent. In the purpose of the purpo					83						
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Supratify lighted or princed fulfile of ingitations. (NOTE: Registered Agend suprature required When instations):   SUPRE   SUPPART		with, and accept the oblig	1 .	.,				Ц	_/1	-99	
TITLE D	SIGNATURE	Signature: typed or printed same of registered ag	on and title if applicable.	(NOTE: Registered	Agent	signature require		DATE	-10		
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64 CITY ST 7/D	STREET ADDRESS	.)		6.3 S	TREET	ADORESS					
	CITY-ST-ZIP			6.4 C	ITY-ST	r-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, on an attachment with an address, with all other like empowered.

SIGNATURE:

4-12-99 Date 950-574-135