

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
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90060 009 ****61.25

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DOCUMENT # N30473

1. Corporation Name

EBRO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

6629 DOGTRACK RD
EBRO FL 32437
US

Mailing Address

POST OFFICE BOX 78
EBRO FL 32437



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/02/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

☐

\$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

YOUNG, JERRY
BOX 140 SUBDIVISION ROAD
EBRO FL 32437

81 Name Michael E. Marlow

82 Street Address (P.O. Box Number is Not Acceptable)
5382 Strickland Road

83

84 City EBRO

FL

85 Zip Code 32437

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

Michael E. Marlow

(NOTE: Registered Agent signature required when reinstating)

1-6-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SUCCS, STEEN
STREET ADDRESS 5676 TOMS RD
CITY-ST-ZIP EBRO FL 32437

1.1 TITLE VP ☒ Change ☐ Addition
1.2 NAME Tony Strickland
1.3 STREET ADDRESS 5569 Strickland Rd
1.4 CITY-ST-ZIP EBRO, FLA 32437

TITLE D ☐ DELETE
NAME STRICKLAND, TONY
STREET ADDRESS 5569 STRICKLAND RD
CITY-ST-ZIP EBRO FL 32437

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME KEITH Williams
2.3 STREET ADDRESS CASEY Road
2.4 CITY-ST-ZIP EBRO, FLA 32437

TITLE VP ☐ DELETE
NAME WILLIAMS, KEITH
STREET ADDRESS CASEY ROAD
CITY-ST-ZIP EBRO FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Linda Marlow
3.3 STREET ADDRESS 5382 Strickland Road
3.4 CITY-ST-ZIP EBRO, FLA 32437

TITLE D ☐ DELETE
NAME YON, JACK
STREET ADDRESS TOMS ROAD
CITY-ST-ZIP EBRO FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Michael Sheehan
4.3 STREET ADDRESS 6509 Dogtrack Rd.
4.4 CITY-ST-ZIP EbRO, FLA 32437

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME JERRY Young
5.3 STREET ADDRESS Box 140 Subdivision Road
5.4 CITY-ST-ZIP EbRO, FLA 32437

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME ADINA Strickland
6.3 STREET ADDRESS 5569 Strickland Rd
6.4 CITY-ST-ZIP EBRO, FLA 32437

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:

Michael E. Marlow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

850-535-9145

Daytime Phone #

CR2E037 (1/98)