

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**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90022 001 \*\*\*\*61.25

DOCUMENT # **N32797**

Corporation Name

**SPRING LAKES VOLUNTEER FIREMEN'S FUND, INC.**

Principal Place of Business

**FIREHOUSE ROAD  
FL 32720**

Mailing Address

**2800 FIREHOUSE ROAD  
DELAND FL 32720**



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
		<b>26</b>		<b>06/12/1989</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
<b>27</b>				<b>59-2961948</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>28</b>					
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>25</b>		<b>29</b>	<b>30</b>		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>LEFILS, GREGORY W. 185 SOUTH OAK AVENUE ORANGE CITY FL 32763</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D WATTS, ROLAND</b>	1.2 NAME	
STREET ADDRESS	<b>229 E GARDINIA DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MACKIE, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>713 ANDERSON DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELTONA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HINSCH, HOWARD H</b>	3.2 NAME	
STREET ADDRESS	<b>1010 TORCHMARK DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND FL 32720</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PASQUALLE, LYNN</b>	4.2 NAME	
STREET ADDRESS	<b>1395 TENTH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Patricia Lynn Pasqualle*

*May 1, 1999*

*904-774-2610*

CR2E037 (11/98)