

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90190 026 ****70.00

DOCUMENT # N34536

1. Corporation Name

ROBERTSVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

ROBERTSVILLE V.F. DEPT.
RT. 5 BOX 135-C
QUINCY FL 32351
US

Mailing Address

% ARDUSTER HOUSE
RT. 5. BOX 136-B
QUINCY FL 32351



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/04/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HOUSE, ARDUSTER
RT. 5, BOX 136-B
QUINCY FL 32351

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
PENNICK, JOHNNIE
RT 5 BOX 136-B
QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
ANDERSON, SARAH
RT. 5, BOX 105
QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D
BUSH, JAMES
RT. 5, BOX 140C
QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
HOUSE, ARDUSTER
RT. 5, BOX 136B
QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

V
MARSHAL, CHARLES
RT 2 BOX 114-A
QUINCY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
PONDER, ELLA M.
RT. 5, BOX 103-C
QUINCY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Ellia M. Ponder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/99

Date

(850) 442-6327

Daytime Phone

CR2E037 (11/98)