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03-03-1999 90062 018 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36582

1. Corporation Name

**SPRUCE CREEK FLY-IN VOLUNTEER FIRE DEPARTMENT, I
NC.**

Principal Place of Business

C/O DAVID D. FULLER
220 S. RIDGEWOOD, SUITE 210
DAYTONA BEACH FL 32114
US

Mailing Address

C/O DAVID D. FULLER
220 S. RIDGEWOOD, SUITE 210
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

21 **C/O DAVID A. BROWN**

Suite, Apt. #, etc.

22 **34 LAZY EIGHT DR.**

City & State

23 **DAYTONA BEACH, FL.**

Zip

24 **32124**

Country

25 **US**

2a. Mailing Address

26 **C/O DAVID A. BROWN**

Suite, Apt. #, etc.

27 **34 LAZY EIGHT DR.**

City & State

28 **DAYTONA BEACH, FL.**

Zip

29 **32124**

Country

30 **US**

3. Date Incorporated or Qualified

02/06/1990

4. FEI Number

59-3016846

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

**DAVID A. BROWN
34 LAZY EIGHT DRIVE
DAYTONA BEACH FL 32124**

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 **David A. Brown** **DAVID A. BROWN D**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **RALPH EDWARD DAVIS**

STREET ADDRESS **1712 SKYHAWK COURT**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE

NAME **BROWN, DAVID ALLEN**

STREET ADDRESS **34 LAZY EIGHTH DRIVE**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE

NAME **MCCULLOUGH, CECIL GORDON**

STREET ADDRESS **1 SNAPROLL LANE**

CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **PAUL TERHES**

1.3 STREET ADDRESS **1885 SECLUSION DRIVE**

1.4 CITY-ST-ZIP **DAYTONA BEACH, FL.**

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: **David A. Brown** **DAVID A. BROWN D**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

904-788-5435

Daytime Phone #

CR2E037 (1/98)