FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N38108

(9)

DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC.

FILED									
May 27 1998 8:00am									
Secretary of State									

Principal Place of Business Mailing Address							710 1 1011 01011 01	OM GIRII I	AFOLE MEDI	A EIRII MUUI
22992 CR 250 LIVE OAK FL 32080 US 22992 CR 250 LIVE OAK FL 32080 US						3. Date Incorporated or Qualifit 05/10/1990 4. FEI Number 59-3021108	əd	<u> </u>		olied For
2. Principal Place of Business 2e. Mailing Ad						5. Certificate of Status Desired	□ \$9.75 A			
21		26				6. Certificate di Status Desired			ee Req	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.				6. Election Campaign Financin				
22			27			Trust Fund Contribution Added to Fees				
City & Stat	е	28	City & State			7. Is this nonprofit corporation a homeowners association?				
23 Zip	Country	Zip	Cour	ntrv		8. This corporation owes or ha		7		
24	25	}	30	,		Personal Property Tax due J		No.		
67	9. Name and Address of Curr		1001			10. Name and Address of New	u., o u.			
			1	81	Name					
WARDEN, JEFF - RT. 0, BOX-100E - 2/3/7 2/7 th P2. LIVE OAK FL 32080				-	D A J J.	(D.O. D. M. J. M. J. M. J.				
				82	Street Addr	ress (P.O. Box Number is Not Acce	ptable)			
				83						
F			1	84	City		FL	85	Zip Ci	ode
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	letters Vans	U JEFFBEY WA			chef					·-··
	Sign fur _yped_f printed name of registered a	*		Agent	signeture requir	ed when reinstating)	DATE	ם מומר	OTODO	10140
12.	OFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO O	FICERS AN	D DIRE		Addition
	WARREN, JACK	betele	1.0 NAN		إما	EFF WAROFIL		JE F (1)	ialiyo	
NAME	RT.6, BOX 100E		1			1317 217 PLACE	ı			
STREET ADDRESS City-St-Zip	LIVE OAK FL		1.4 Cit		-	DI / QI / PA.100				
TITLE	h	DELETE	2.1 TiTL		JI JI	US PROSIDENTIA	- 	M Ch	nange	Addition
NAME	MONROE, STEFAN		2.2 NAM		' '			_	•	
STREET ADDRESS	RT 5 BOX 104 A		2.3 STR	REET AT	DDRESS 13	3046 233 PM BOND)			
CITY-ST-ZIP	LIVE OAK FL		2. 4 CIT							
TITLE	<u>\$T</u>	☐ DELETE	3.1 T(T)					Ch	nange	Addition
NAME	STEVENS, CAROL		3.2 NAA	ME					•	
STREET ADDRESS	21962 104TH ST.				DDRESS					
CITY-ST-ZIP	LIVE OAK FL	,	3.4, CIT	Y-ST-	- ZIP					
TITLE	5	DELETE	4.1 T(T)			<u></u>		Ch	iange	☐ Addition

LIVE OAK FL 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 ennual report or supplemental annual report Is true and accreate 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

21165 964 ST

21165 964 ST

4.4 CITY-ST-ZIP

MCZNTOSH, CHARLIE

RT. 5, BOX 93-F

PETERS, CANDY

RT. 7, BOX 1201

PETERS, BRYAN

RT 7 BOX 12011

LIVE OAK FL

LIVE OAK FL

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Addition

Addition