

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 24, 1999 8:00 am**  
**Secretary of State**

09-24-1999 90013 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N38108**  
 1. Corporation Name  
**DOWLING PARK VOLUNTEER FIRE DEPARTMENT, INC.**

619757-90013-6



Principal Place of Business 22992 CR 250 LIVE OAK FL 32060 US	Mailing Address 22992 CR 250 LIVE OAK FL 32060 US
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified <b>05/10/1990</b>	4. FEI Number <b>59-3021108</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>WARDEN, JEFF 21317 217TH PL LIVE OAK FL 32060</b>	10. Name and Address of New Registered Agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>WARDEN, JEFF</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21317 217TH PLACE</b>	CITY-ST-ZIP <b>LIVE OAK FL</b>	1.2 NAME	
TITLE <b>VPD</b> <input type="checkbox"/> DELETE	NAME <b>MONROE, STEFAN</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>13646 233RD ROAD</b>	CITY-ST-ZIP <b>LIVE OAK FL</b>	1.4 CITY-ST-ZIP	
TITLE <b>ST</b> <input type="checkbox"/> DELETE	NAME <b>STEVENS, CAROL</b>	2.1 TITLE <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21962 104TH ST.</b>	CITY-ST-ZIP <b>LIVE OAK FL</b>	2.2 NAME	
TITLE <b>V</b> <input checked="" type="checkbox"/> DELETE	NAME <b>PETERS, CANDY</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>21165 96TH ST</b>	CITY-ST-ZIP <b>LIVE OAK FL</b>	2.4 CITY-ST-ZIP	
TITLE <b>PD</b> <input type="checkbox"/> DELETE	NAME <b>PETERS, BRYAN</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>21165 96 ST</b>	CITY-ST-ZIP <b>LIVE OAK FL</b>	3.2 NAME	
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <b>Michael Becker</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		6.2 NAME	
		6.3 STREET ADDRESS <b>pt 1. Box 892</b>	
		6.4 CITY-ST-ZIP <b>Mayo, FL 32066</b>	

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:** CAROL STEVENS **CAROL STEVENS** 9/6/99 2468 3852  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)