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

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # **N38664** (1)

1. Corporation Name
FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business	Mailing Address
7777 STATE ROAD 200 OCALA FL 34476 US	7777 STATE ROAD 200 OCALA FL 34476 US

3. Date Incorporated or Qualified: 06/19/1990

4. FEI Number: 52-2002785 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KREMPER, DONALD F.
9020 C SW 93 LANE
OCALA FL 34481

ok

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOVE, JAMES W.		1.2 NAME	
STREET ADDRESS	8677-D S.W. 95TH LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KREMPER, DONALD F.		2.2 NAME	
STREET ADDRESS	9020C SW 93 LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHUBER, LEROY		3.2 NAME	
STREET ADDRESS	10982 S.W. 89TH AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CROMWELL, BENJAMIN		4.2 NAME	
STREET ADDRESS	8462 SW 109TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, NASH		5.2 NAME	
STREET ADDRESS	10928 SW 84TH AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	POND, DICK		6.2 NAME	
STREET ADDRESS	8456 SW 109TH PL.		6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL ok		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: SIGNATURE REQUIRED Donald F Kremper 1/10/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0003173