

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N38664

1. Corporation Name

FRIENDSHIP VOLUNTEER FIRE DEPARTMENT INC.

Principal Place of Business

7777 STATE ROAD 200
OCALA FL 34476
US

Mailing Address

7777 STATE ROAD 200
OCALA FL 34476
US

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90069 007 ***150.00

1 5 5 8 7
155070 90069 7



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

29 30

3. Date Incorporated or Qualified

06/19/1990

4. FEI Number

52-2002785

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

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

10. Name and Address of New Registered Agent

81 Name **ROBERT MULLARKEY**
82 Street Address (P.O. Box Number is Not Acceptable)
8802A SW 92ND ST.
83
84 City **OCALA** FL 85 Zip Code **34481**

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 *Robert A. Mullarkey*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-20-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LOVE, JAMES W.	
STREET ADDRESS	8677-D S.W. 95TH LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	KREMPER, DONALD F.	
STREET ADDRESS	9020C SW 93 LANE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHUBER, LEROY	
STREET ADDRESS	10982 S.W. 89TH AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CROMWELL, BENJAMIN	
STREET ADDRESS	8462 SW 109TH PLACE	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, NASH	
STREET ADDRESS	10928 SW 84TH AVE.	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POND, DICK	
STREET ADDRESS	8456 SW 109TH PL	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEROY SHUBER	
1.3 STREET ADDRESS	10982 SW 89 AVE	
1.4 CITY-ST-ZIP	OCALA, FL. 34481	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT MULLARKEY	
2.3 STREET ADDRESS	8802A SW 92ND ST	
2.4 CITY-ST-ZIP	OCALA, FL 34481	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EVRET McCLELLAN	
3.3 STREET ADDRESS	8065 SW 100 LNRD	
3.4 CITY-ST-ZIP	OCALA, FL 34481	
4.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RAY MCBRIDE	
4.3 STREET ADDRESS	8563 SW 109 LNRD	
4.4 CITY-ST-ZIP	OCALA, FL. 34481	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES HART	
6.3 STREET ADDRESS	8555 SW 109 LNRD	
6.4 CITY-ST-ZIP	OCALA, FL 34481	

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: *Ray McBride, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99 352-237-2121
Date Daytime Phone #

CR2E037 (1/98)