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03-03-1999 90069 007 ***150.00

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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.

155070-90069-7

Principal Place of Business

7777 STATE ROAD 200
 Ocala FL 34476
 US

Mailing Address

7777 STATE ROAD 200
 Ocala FL 34476
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/19/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
52-2002785

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25 29 30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	LEROY SHUBER	10982 SW 89 AVE	OCALA, FL. 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	ROBERT MULLARKEY	8802A SW 92ND ST	OCALA, FL 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	EVRET McCLELLAN	8065 SW 100 LN RD	OCALA, FL 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	RAY McBRIDE	8563 SW 109 LN RD	OCALA, FL. 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JAMES HART	8555 SW 109 LN RD	OCALA, FL 34481	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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, 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)