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FILED

May 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N43171 (0)  
1. Corporation Name  
CROSS ROADS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address  
ROUTE 3 BOX 385 ROUTE 3 BOX 385  
JASPER FL 32052 JASPER FL 32052

3. Date Incorporated or Qualified

04/29/1991

4. FEI Number

65-0260877

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

10. Name and Address of New Registered Agent

MCCORMICK, JOHN H  
215 N.E. 2ND STREET  
JASPER FL 32052

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS LIVEZEY, DONALD O  
CITY-ST-ZIP ROUTE 3 BOX 396-C  
JASPER FL 32052

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME P  
1.3 STREET ADDRESS DEROCCO, JR. FREDERICK  
1.4 CITY-ST-ZIP ROUTE 3, BOX 382-C-11  
JASPER, FL 32052

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS SPRY, GEORGE  
CITY-ST-ZIP ROUTE 1 BOX 698  
JENNINGS FL 32053

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME V  
2.3 STREET ADDRESS DEROCCO, ADAM  
2.4 CITY-ST-ZIP ROUTE 3, BOX 382-C-11  
JASPER, FL 32052

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS BROWN, PATRICIA S  
CITY-ST-ZIP ROUTE 1 BOX 90-P  
JENNINGS FL 32053

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME T  
3.3 STREET ADDRESS DEROCCO, SUSAN  
3.4 CITY-ST-ZIP ROUTE 3, BOX 382-C-11  
JASPER, FL 32052

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SMITH, DELMER  
CITY-ST-ZIP ROUTE 1 BOX 116  
JENNINGS FL 32053

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WOMACK, WILLIAM D  
CITY-ST-ZIP ROUTE 3 BOX 390-2  
JASPER FL 32052

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 500002540045  
5.4 CITY-ST-ZIP -05/29/98--01004--003  
\*\*\*\$61.25

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BEDNARZ, EMIL F  
CITY-ST-ZIP ROUTE 3 BOX 382C-24  
JASPER FL 32052

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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(2)(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

John H. McCormick 4-30-98 (904) 792-2395

CR2E037 (1097)