

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90095 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43171**

1. Corporation Name  
**CROSS ROADS VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business ROUTE 3 BOX 385 JASPER FL 32052 5769 S.W. CR 141 Jasper, FL 32052	Mailing Address ROUTE 3 BOX 385 JASPER FL 32052 5769 S.W. CR 141 Jasper, FL 32052
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2. Principal Place of Business 21 5769 S.W. CR 141	2a. Mailing Address 26 5769 S.W. CR 141	3. Date Incorporated or Qualified 04/29/1991
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0260877
23 City & State Jasper, FL 32052	28 City & State Jasper, FL 32052	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip Country	29 Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Hamilton	30 Hamilton	

9. Name and Address of Current Registered Agent MCCORMICK, JOHN H 215 N.E. 2ND STREET JASPER FL 32052	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROCCO, FREDERICK JR.		1.2 NAME	Watterly, Robert	
STREET ADDRESS	ROUTE 3 BOX 382-C-11		1.3 STREET ADDRESS	7808 S.W. CR 141	
CITY-ST-ZIP	JASPER FL 32052		1.4 CITY-ST-ZIP	Jasper, FL 32052	
TITLE	V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROCCO, ADAM		2.2 NAME	Rouse, Ron	
STREET ADDRESS	ROUTE 3 BOX 382-C-11		2.3 STREET ADDRESS	7768 S.W. CR 141	
CITY-ST-ZIP	JASPER FL 32052		2.4 CITY-ST-ZIP	Jasper, FL 32052	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROCCO, SUSAN		3.2 NAME	Watterly, Laurie	
STREET ADDRESS	ROUTE 3 BOX 382-C-11		3.3 STREET ADDRESS	7808 S.W. CR 141	
CITY-ST-ZIP	JASPER FL 32052		3.4 CITY-ST-ZIP	Jasper, FL 32052	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DELMER		4.2 NAME	Kaley, Doris	
STREET ADDRESS	ROUTE 1 BOX 116		4.3 STREET ADDRESS	7788 S.W. CR 141	
CITY-ST-ZIP	JENNINGS FL 32053		4.4 CITY-ST-ZIP	Jasper, FL 32052	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOMACK, WILLIAM D		5.2 NAME	Carlisle, Kathy	
STREET ADDRESS	ROUTE 3 BOX 390-42		5.3 STREET ADDRESS	4163 N.W. 49th Court	
CITY-ST-ZIP	JASPER FL 32052		5.4 CITY-ST-ZIP	Jasper, FL 32052	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDNARZ, EMIL F		6.2 NAME	Greene, Paul	
STREET ADDRESS	ROUTE 3 BOX 382C-24		6.3 STREET ADDRESS	5837 St. Rd. 6, West	
CITY-ST-ZIP	JASPER FL 32052		6.4 CITY-ST-ZIP	Jasper, FL 32052	

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:** *[Signature]* **4/28/99** **904-938-4301**

CR2E037 (11/98)