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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90115 017 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N93000002487**

1. Corporation Name

**FLORAL CITY FIRE DEPARTMENT, INCORPORATED**

Principal Place of Business

8394 E. ORANGE AVE.  
FLORAL CITY FL 34436

Mailing Address

POB 555  
FLORAL CITY FL 34436



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number  
59-3325436

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

MARK J. YERMAN, ESQ.,  
7655 W. GULF TO LAKE HWY.  
STE. 5  
CRYSTAL RIVER FL 34429

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D  
NAME WILLIAMSON, MICHAEL  
STREET ADDRESS 6580 S DOLPHIN  
CITY-ST-ZIP FLORAL CITY FL

☐ DELETE

TITLE VP  
NAME BEDFORD, LLOYD  
STREET ADDRESS 8171 BAYBERRY LANE  
CITY-ST-ZIP FLORAL CITY FL

☐ DELETE

TITLE S  
NAME SEWELL, KIMBERLY  
STREET ADDRESS 10015 S QUARTERHOUSE AVE  
CITY-ST-ZIP FLORAL CITY FL

☐ DELETE

TITLE TRES  
NAME HOLDEN, DONNA  
STREET ADDRESS 7589 S CRESCENT LOOP  
CITY-ST-ZIP FLORAL CITY FL

☐ DELETE

TITLE D  
NAME BEDFORD, LLOYD  
STREET ADDRESS 8060 S BEDFORD RD  
CITY-ST-ZIP FLORAL CITY FL 34436

☐ DELETE

TITLE D  
NAME CREWS, ELLIS  
STREET ADDRESS 9430 E TSALA APOPKA DR  
CITY-ST-ZIP FLORAL CITY FL 34436

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP  
BEDFORD, FLOYD  
8171 BAYBERRY LANE  
FLORAL CITY FL 34436

D  
RASMUSSEN, GREG.  
7944 HEATHER PT  
FLORAL CITY FL 34436

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:

*Lloyd Bedford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-726-2260

CR2E037 (11/98)