

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90042 004 \*\*\*\*70.00

**DOCUMENT # N93000002487**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3325436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MICHAEL	
STREET ADDRESS	12664 E. BIG BUCK TRAIL	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOODALL, RUSS	
STREET ADDRESS	5925 S HICKORY DR	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TEMPKINS, PHILIP	
STREET ADDRESS	7690 E KANGA WAY	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	HOLDEN, DONNA	
STREET ADDRESS	7589 S CRESCENT LOOP	
CITY-ST-ZIP	FLORAL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MICHAEL	
STREET ADDRESS	12664 E. BIG BUCK TRAIL	
CITY-ST-ZIP	FLORAL CITY FL 34436	
TITLE	D	<input type="checkbox"/> Delete
NAME	BESSLER, ROBERT	
STREET ADDRESS	13135 S MOONMAKER TER	
CITY-ST-ZIP	FLORAL CITY FL 34436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S. Holden, Donna
STREET ADDRESS	7859 S. CRESCENT LOOP
CITY-ST-ZIP	FLORAL CITY, FL
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert Bessler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Bessler 2-5-04

Date

Daytime Phone #

352 302 9421