FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001330

MID-FLORIDA LAKES VOLUNTEER FIRE DEPARTMENT ASSO CIATION, INC.

Principal Place of Business 210 FOREST DRIVE LEESBURG FL 34788-2706

Mailing Address

210 FOREST DRIVE LEESBURG FL 34788-2706

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90103 030 ****61.25



2. Principal P	ncipal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed			
21	26				03/14/1994			
Suite, Apt.	, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Apr	olied For	
22	27				59-3327914	Not	Applicable	
City & Stat	City & State City & State				5. Certifcate of Status Desired	\$8.75 A		
23 28					5. Certificate of Status Desired	Fee Rec	quired	
Zip	Country Zip				6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30			Trust Fund Contribution Added to Fees			Fees	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Regist	ered Agent		
				Name				
JONES, ROBERT M				82 Street Address (P.O. Box Number is Not Acceptable)				
102 MILLWOOD RD				OLOST AND SON HAMBER IN THE PARTY				
LEESBURG FL 34788				83				
LEESBURG PL 34700				84 City 85 Zip Code				
				City		FL 85 Zip C	oge	
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 or 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 M Jones president 4-1-99 Signature, typed or printed name of registered agent applicable. (NOTE: Registered Agent								
12.	OFFICERS AND	<u> </u>	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	•		1.2 NAME					
STREET ADDRESS			1.3 STREET	ADDRESS				
			1.4 CITY-ST					
CITY-ST-ZIP TITLE			2.1 TITLE	-211		Change	Addition	
	<u> </u>		2.2 NAME					
NAME	TO BIOTIES, EDGE OF THE		2.3 STREET ADDRESS					
STREET ADDRESS			2.4 CITY-ST-ZIP					
CITY-ST-ZIP			2.4 GHY-S 3.1 TITLE	1-2112		Change	Addition	
TITLE	_							
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP			3.4. CITY-S	T- ZIP		€ Change	Addition	
TITLE			4.1 TITLE	s		BC) Criange		
NAME	MCCABE, DOROTHY		4. 2 NAME	M	ILLER, ALICE			
STREET ADDRESS	102 OAK TERR		4.3 STREET	ADDRESS 1	07 SOUTH LAKE DR.			
CITY-ST-ZIP			4.4 CITY-ST	-7IP	EESBURG FL. 34788	Chorse	☐ Addition	
TITLE	~ <u></u>		5.1 TITLE			☐ Change	L.J AUGILION	
NAME	NCTOT, ESTELLE		5.2 NAME				1	
STREET ADDRESS	120 WOODDAND DIWL		5.3 STREET	i				
CITY-ST-ZIP	CLEODOTIO TE OTTOO		5.4 CITY-ST	-ZIP		F7.0	- A 4 4 10 1	
TITLE	0		6.1 TITLE			Change	Addition	
NAME	MATIONIAG		6.2 NAME	1				
STREET ADDRESS	IZI DALENEN DIAVE		6.3 STREET	ADDRESS	·			
CITY-ST-ZIP	ECCODOTIO I E			-ZIP				
44		this files does not recalify for the		an atatad in C	Section 119 07/3\(i) Florida Statutes I furth	or cortifu that the in	formation	

I nereby certify that the information supplied with first siling does not qualify for the exemption stated in Section 119.07(3)(i), Fronta 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: