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FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003433 (9)**

1. Corporation Name

**POLK COUNTY FIRE DEPARTMENT AUXILIARY STATION 41
0 INC.**

Principal Place of Business

Mailing Address

**200 COMMONWEALTH AVE
POLK CITY FL 33968**

**P O BOX 872
POK CITY FL 33968**



3. Date Incorporated or Qualified

07/05/1994

4. FEI Number

59-3251285

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
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

**MCPHERSON, GUY
200 COMMONWEALTH AVE
POLK CITY FL 33968**

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 617.1506, 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 ☐ DELETE

X D
NAME **HAMEL, SYLVAIN**
STREET ADDRESS **1300 CARTER BLVD**
CITY - ST - ZIP **POLK CITY FL**

TITLE ☐ DELETE

X D
NAME **CLARK, JAMES**
STREET ADDRESS **631 TAVARES ROAD**
CITY - ST - ZIP **POLK CITY FL**

TITLE ☐ DELETE

X P
NAME **CLARK, CRYSTAL**
STREET ADDRESS **631 TAVARES ROAD**
CITY - ST - ZIP **POL CITY FL**

TITLE ☐ DELETE

X 57
NAME **MCPHERSON, GUY**
STREET ADDRESS **230 CARTER BLVD**
CITY - ST - ZIP **POLK CITY FL**

TITLE ☒ DELETE

D
NAME **O'NEAL, PAUL**
STREET ADDRESS **11012 SE 33**
CITY - ST - ZIP **POLK CITY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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

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.

SIGNATURE: **Guy P. McPherson** **Sec. Treas**

4-20-98

941 984 1148

CR2037 (10/97)