

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000005372 (7)**

1. Corporation Name

THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.



| | | | | | |
|---|--|--|--|---|--|
| Principal Place of Business 4333 S LITTLE AL POINT INVERNESS FL 34452 US | | Mailing Address 4333 S LITTLE AL POINT INVERNESS FL 34452 US | | 3. Date Incorporated or Qualified 10/24/1994 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 4. FEI Number 59-3274953 Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8.75 Additional Fee Required | |
| 6. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent BLOTZ, ROY 4275 CARL RAMM LANE INVERNESS FL 34452 | | | | 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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | | |
| NAME | DIXON, LINDA | | | | |
| STREET ADDRESS | 4035 S. LINWOOD TERR | | | | |
| CITY-ST-ZIP | INVERNESS FL | | | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | MICHEL, DAVID | | | | |
| STREET ADDRESS | 6094 SAGE STREET | | | | |
| CITY-ST-ZIP | INVERNESS FL | | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | | |
| NAME | BLOTZ, ROY | | | | |
| STREET ADDRESS | 4275 E CARL RAMM LANE | | | | |
| CITY-ST-ZIP | INVERNESS FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 1.1 TITLE | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| 2.3 STREET ADDRESS | Calandra, Mike | | | | |
| 2.4 CITY-ST-ZIP | 912 E. Harvard Street Inverness FL | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 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: **SIGNATURE REQUIRED** **1-18-98 (362) 726-1078**

CR2E037 (10/97)