FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90024 035 ****61.25

DOCUMENT # N9400005372

1. Corporation Name

THE HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4333 S LITTLE AL POINT INVERNESS FL 34452

4333 S LITTLE AL POINT **INVERNESS FL 34452**



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2. Principal I	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 10/24/1994		
			Apt. #, etc.		4. FEI Number	Apr	lied For
22	27		<u></u>		- 59-3274953	Not	Applicables
City & Sta	ate	City & State			5. Certifcate of Status Desired	\$8.75 A	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing Trust Fund Contribution	\$5.00 A	•
24	9. Name and Address of Current		130		10. Name and Address of New Registere		
<u> </u>	or Hame and Address of Current	regiotorea rige	8	Name			
BLOTZ, ROY				2 Street Addre	ess (P.O. Box Number is Not Acceptable)		
4275 CAI	rl ramm lane		0.	,		·	
INVERNE	SS FL 34452		8:				
			8	4 City	F	85 Zip C	ode
l office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was a lions of, Section 617.0503, Fl	authorized b orida Statute	y the corporations.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its reg	registered istered
	Signature, typed or printed name of registered agent			ent signature required		AUG SIDEOTOI	20.01.40
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	VPD	DÉLETE	1.1 TITLE		sensen, Dauglas 115 Wingate Street	(M) Citarige	T vaganous
NAME	DIXON, LINDA		1.2 NAME	, ,	Senson Streat		
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CITY-ST-ZIP	INVERNESS FL	=1	1.4 CITY-		Inverness FL		CD Addison
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CALANDRA, MIKE		2.2 NAME				
STREET ADDRESS		. 	2.3 STRE	ET ADDRESS			•
CITY-ST-ZIP		- 100 - 100	2. 4 CITY	· - +			C Addition
TITLE	TD	☐ DELETE	3.1 TITLE			Change	Addition
NAME	BLOTZ, ROY		3.2 NAME				
STREET ADDRES				ET ADDRESS			
CITY-ST-ZIP	INVERNESS FL		3.4. CITY-				:::
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NAME		5	4. 2 NAM	- 1			
STREET ADDRES	s		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
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TITLE		DELETE	6.1 TITLE	1		Change	☐ Addition
NAME (Late 1 to Late	ring and todays		6.2 NAME				
STREET ADDRESS	a data sara 118 ta 1848)		6.3 STRE	ET ADDRESS			
1 am of 15	do desert incar		64 CITY-	ST-ZIP		%.	

14. I hereby certify that the information supplied with this filing lose 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 of 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: