

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 09, 1999 8:00 am  
Secretary of State

09-09-1999 90004 025 \*\*\*\*61.25

DOCUMENT # N95000000042

Corporation Name

INVERNESS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

105 S APOPKA AVE  
INVERNESS FL 34452

Mailing Address

105 S APOPKA AVE  
INVERNESS FL 34452



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/03/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	

9. Name and Address of Current Registered Agent

JOHNSON, WAYNE  
105 S APOPKA AVE  
INVERNESS FL 34452

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

1. 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 WAYNE T JOHNSON PRES. (NOTE: Registered Agent signature required when reinstalling)

9-1-99  
DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	ROCHFORD, TERRANCE	1.2 NAME	
REET ADDRESS	105 S APOPKA AVE	1.3 STREET ADDRESS	
Y-ST-ZIP	INVERNESS FL	1.4 CITY-ST-ZIP	
LE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	CABARA, PAUL	2.2 NAME	
REET ADDRESS	105 S APOPKA AVE	2.3 STREET ADDRESS	
Y-ST-ZIP	INVERNESS FL 34452	2.4 CITY-ST-ZIP	
LE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	JACKSON, DEBRA	3.2 NAME	
REET ADDRESS	105 S APOPKA AVE	3.3 STREET ADDRESS	
Y-ST-ZIP	INVERNESS FL 34452	3.4 CITY-ST-ZIP	
LE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	JOHNSON, WAYNE	4.2 NAME	
REET ADDRESS	105 S APOPKA AVE	4.3 STREET ADDRESS	
Y-ST-ZIP	INVERNESS FL 34452	4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I, 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, with all other like empowered.

SIGNATURE: WAYNE T JOHNSON PRES. 9-1-99 352-341-0312  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)