

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90077 032 ****61.25

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1. Corporation Name

Belleville Volunteer Fire/Rescue, Inc.

Principal Place of Business

c/o Shirley J. Henderson
2042 N.W. 23rd Blvd.
Jennings, FL 32053

Mailing Address

c/o Shirley J. Henderson
2042 N.W. 23rd Blvd.
Jennings, FL 32053



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 see above		26 see above		01/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3459856	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Jennings, Florida		28 Jennings, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24 32053		29 32053		30 Hamilton	

9. Name and Address of Current Registered Agent

Williams, Richard
Rt. 2, Box 161
Jennings, FL 32053

10. Name and Address of New Registered Agent

81 Name	John H. McCormick
82 Street Address (P.O. Box Number is Not Acceptable)	403 Second St., N.W.
83	
84 City	Jasper
85	FL
86 Zip Code	32052

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

John H. McCormick
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President D
NAME	Zander, McArthur	1.2 NAME	Shirley J. Henderson
STREET ADDRESS	Rt. 2, Box 192	1.3 STREET ADDRESS	2042 N.W. 23rd Blvd.
CITY-ST-ZIP	Jennings, FL 32053	1.4 CITY-ST-ZIP	Jennings, Florida 32053
TITLE	VD	2.1 TITLE	Vice President D
NAME	Cole, Lorenzo T.	2.2 NAME	McArthur Zanders
STREET ADDRESS	Rt. 2, Box 230	2.3 STREET ADDRESS	Route 2, Box 192
CITY-ST-ZIP	Jennings, FL 32053	2.4 CITY-ST-ZIP	Jennings, Florida 32053
TITLE	STD	3.1 TITLE	Secretary D
NAME	Williams, Richard	3.2 NAME	Darlene M. Gist
STREET ADDRESS	Rt. 2, Box 161	3.3 STREET ADDRESS	2702 N.W. 22nd Blvd.
CITY-ST-ZIP	Jennings, FL 32053	3.4 CITY-ST-ZIP	Jennings, Florida 32053
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

904-938-5583

Daytime Phone #

Shirley J. Henderson
Shirley J. Henderson, Director, President

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