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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006090

1. Corporation Name

O'BRIEN VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business

22677 93RD DRIVE
O'BRIEN FL 32071

Mailing Address

P.O. BOX 35
O'BRIEN FL 32071



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

59-3510649

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUMPHRIES, HARRIETTE W
22677 93RD DRIVE
O'BRIEN FL 32071

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

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

NAME **PD**
MEADOWS, GRANT W J
STREET ADDRESS **P.O. BOX 224 N/A**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☒ DELETE

NAME **VD**
HUMPHRIES, HARRIETTE
STREET ADDRESS **22677 93RD DR**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ DELETE

NAME **SD**
CURRIE, BETSYSUSAN
STREET ADDRESS **6 BLACKBERRY LANE**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ DELETE

NAME **VD**
SMITH, MARY W
STREET ADDRESS **P.O. BOX 24 N/A**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☐ DELETE

NAME **D**
MATTHEWS, FAYE
STREET ADDRESS **9730 222 LANE**
CITY-ST-ZIP **O'BRIEN FL 32071**

TITLE ☒ DELETE

NAME **D**
DOLAN, CATHY
STREET ADDRESS **9142 232 ST**
CITY-ST-ZIP **O'BRIEN FL 32071**

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

NAME **VD**
GEFREY HUMPHRIES
STREET ADDRESS **22677 93RD DR**
CITY-ST-ZIP **O'BRIEN, FL 32071**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME **SD**
MARY W SMITH
STREET ADDRESS **P.O. BOX 24 N/A**
CITY-ST-ZIP **O'BRIEN, FL 32071**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

NAME **D**
HARRIETTE HUMPHRIES
STREET ADDRESS **22677 93RD DR**
CITY-ST-ZIP **O'BRIEN, FL 32071**

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:

Grant W. Meadows Jr. **GRANT W. MEADOWS, JR.** 4/27/99 904-712-1912
DATE DAYTIME PHONE #
X1259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

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