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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007028

1. Corporation Name

PINE GROVE PARK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

1420 PINE GROVE ROAD
ST. CLOUD FL 34771

Mailing Address

1420 PINE GROVE ROAD
ST. CLOUD FL 34771

92535-90021-43

DEPARTMENT OF STATE



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/18/1997

4. FEI Number

59-3482704

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

LOWRY, MATT
1420 PINE GROVE ROAD
ST. CLOUD FL 34771

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 PD ☐ DELETE

NAME LOWRY, MATT
STREET ADDRESS 4884 MEADOW DRIVE
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE VPD ☐ DELETE

NAME HARRIS, TOM JR.
STREET ADDRESS 6735 OLD MELBOURNE HWY.
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE SD ☐ DELETE

NAME VICE, MELISSA
STREET ADDRESS 4530 KAISER AVE.
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE TD ☒ DELETE

NAME AGOSTINI, MICKEY
STREET ADDRESS 1840 BONNIE DRIVE
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE D ☐ DELETE

NAME GEAR, FRANK
STREET ADDRESS 6375 CARROLL CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TRES. ☐ Change ☒ Addition

1.2 NAME TYRER PHILIP
1.3 STREET ADDRESS 1637 TARPON BLVD.
1.4 CITY-ST-ZIP ST. CLOUD FL 34771

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Matthew Lowry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/5/99 (407) 891-1234

Date

Daytime Phone #

CR2E037 (11/98)