

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90161 020 ****61.25

DOCUMENT # 759050

1. Corporation Name

SOUTH COLUMBIA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038
US

Mailing Address

RT 2 BOX 4000 WEST DORCH STREET
FT WHITE FL 32038
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/07/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2918788

Applied For
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, Z E
S. BRYANT ST.
FORT WHITE FL 32038

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KOON, W. D.
STREET ADDRESS HWY 47 NORTH
CITY-ST-ZIP FT WHITE, FL 0

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME O'STEEN L.
STREET ADDRESS C-138
CITY-ST-ZIP FT WHITE, FL 0

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME HUDSON, Z E
STREET ADDRESS S BRYANT ST, PO 12
CITY-ST-ZIP FT WHITE, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME BRADLEY, JOE F.
STREET ADDRESS BOX 114 SR 47 & US HWY27
CITY-ST-ZIP FT WHITE, FL 0

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ST
NAME TERRY, EARL
STREET ADDRESS RT 2 BOX 249 N/A
CITY-ST-ZIP FT WHITE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME WHITLEY, WILLIAM E.
STREET ADDRESS RT 2 BOX 945 N/A
CITY-ST-ZIP HIGH SPRINGS FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Edmund Hudson* SIGNATURE REQUIRED *Edmund Hudson* 3-2-99 904/497-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)