

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **721493** (5)  
1. Corporation Name  
**CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC**



Principal Place of Business <b>5302 W. THONOTOSASSA PO BOX 1303 PLANT CITY FL 33565-8425</b>	Mailing Address <b>5302 W. THONOTOSASSA PO BOX 1303 PLANT CITY FL 33565-8425</b>
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified <b>08/10/1971</b>	Applied For Not Applicable
4. FEI Number <b>59-1720887</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>FLOYD, CHARLES L. SR. 1912 W HUNTER RD. PLANT CITY FL 33566</b>
---

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
---

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, RHONDA D</b>	1.2 NAME	
STREET ADDRESS	<b>4811 W. BOOTH RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 33565</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTI, DAVID</b>	2.2 NAME	
STREET ADDRESS	<b>1246 TERRACE DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 33565</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, DORCAS</b>	3.2 NAME	
STREET ADDRESS	<b>4635 W KNIGHTS GRIFFIN RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOYD, CHARLES L SR</b>	4.2 NAME	
STREET ADDRESS	<b>1912 W HUNTER RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, GERALD</b>	5.2 NAME	
STREET ADDRESS	<b>4811 W BOOTH RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 33565</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Rhonda D Walker **RHONDA D. WALKER** 1/10/98 813 TS13915

CR2E037 (10/97)