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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 759941

1. Corporation Name
CROSS CREEK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business
 19109 S. COUNTY ROAD 325
 HAWTHORNE FL 32640
 US

Mailing Address
 19109 S CR 325
 HAWTHORNE FL 32640
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2887725	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARTRIDGE, RALPH HIGHWAY 325 CROSS CREEK FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD ANGELL, ANNE T.	1.2 NAME	
STREET ADDRESS	RT 3 BOX 140C	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD ANGELL, PETER J.	2.2 NAME	
STREET ADDRESS	RT 3 BOX 140C	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WHEELER, LILLIAN	3.2 NAME	
STREET ADDRESS	RT 3 BOX 117	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD ELLIOTT, BARBARA S.	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 109	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE, FL 00000	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PARTRIDGE, RALPH	5.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 145A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE FL	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 119.073(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 a power like empowered.

SIGNATURE: **SIGNATURE OF REGISTERED AGENT** **PETER J. ANGELL** 4/25/99 (352) 466-3353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)