

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 16 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N17183 (7)
 1. Corporation Name
PETERS ROAD VOLUNTEER FIRE DEPARTMENT, INC.



| | | | |
|---|---------------------|---|----|
| Principal Place of Business | | Mailing Address | |
| % CHARLES J. URIG JR. 2200 SW 46TH AVENUE FT. LAUDERDALE FL 33317 | | % CHARLES J. URIG JR. 2200 SW 46TH AVENUE FT. LAUDERDALE FL 33317 | |
| 2. Principal Place of Business | 2a. Mailing Address | 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 22 | 27 |
| City & State | City & State | 23 | 28 |
| Zip | Country | 24 | 30 |
| Country | Country | 25 | 29 |

3. Date Incorporated or Qualified
10/08/1986

4. FEI Number
59-1823954

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**URIG, CHARLES JOSEPH JR.
 1219 S.W. 31ST STREET
 FT. LAUDERDALE FL 33315**

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 office. 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 | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROTTY, DON, SR. | 1.2 NAME | |
| STREET ADDRESS | 2330 SW 42ND TERRACE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCOY, JOHN | 2.2 NAME | |
| STREET ADDRESS | 2341 SW 42ND TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | URIG, CHARLES, JR. | 3.2 NAME | |
| STREET ADDRESS | 1219 SW 31ST STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, J. DAVID | 4.2 NAME | |
| STREET ADDRESS | 1940 SW 69TH AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Charles J. Urig Jr. **RECORDED** URIG JR. **JAN 3 1998 (95A) 389-2004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036963

CFR2E037 (10/97)