

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003078 (0)
1. Corporation Name
BLACKMAN COMMUNITY CENTER & VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 1850 HIGHWAY 2 BAKER FL 32531	Mailing Address 5 CLIFFORD DRIVE SHALIMAR FL 32579
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3. Date Incorporated or Qualified 06/10/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3461694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 checked="" type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

**COURTNEY, EMMERIE J
% BLACKWATER RIVER COUNTRY STORE
7580 N. HIGHWAY 189
BAKER FL 32531**

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 officer 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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FUQUA, TOM	
STREET ADDRESS	5 CLIFFORD DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEW, SAM	
STREET ADDRESS	7712 PEACOCK ROAD	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, RAYMOND	
STREET ADDRESS	7638 N. HIGHWAY 189	
CITY-ST-ZIP	BAKER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FUQUA, TOM	
1.3 STREET ADDRESS	5 CLIFFORD DR.	
1.4 CITY-ST-ZIP	SHALIMAR, FL. 32579	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TEW, SAM	
2.3 STREET ADDRESS	7712 PEACOCK ROAD	
2.4 CITY-ST-ZIP	BAKER, FL 32531	
3.1 TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COOK, RAYMOND	
3.3 STREET ADDRESS	7638 N. Highway 189	
3.4 CITY-ST-ZIP	BAKER, FL. 32531	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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: *[Signature]* **TOM FUQUA, Secretary 1/6/98 850-651-9696**

CR2E037 (10/97)