


FILE NOW: FILING FEE IS \$61.25

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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90026 039 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003078

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/10/1996
22 City & State	27 City & State	4. FEI Number
23 Zip Country	28 Zip Country	59-3461694
24	25	29
		30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COURTNEY, EMMERIE J % BLACKWATER RIVER COUNTRY STORE 7580 N. HIGHWAY 189 BAKER FL 32531		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUQUA, TOM	1.2 NAME	
STREET ADDRESS	5 CLIFFORD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEW, SAM	2.2 NAME	
STREET ADDRESS	7712 PEACOCK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL 32531	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RAYMOND	3.2 NAME	
STREET ADDRESS	7638 N. HIGHWAY 189	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL 32531	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *[Signature]* SECRETARY RET. HARRIS FUQUA Secretary 1-18-99 850-651-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)