


Ch# 4001, March 15, 1997  
FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N02707 (0)					
1. Corporation Name THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.					
Principal Place of Business P.O. BOX 1127 LAKE WORTH FL 33460 US			Mailing Address PO. BOX 1127 LAKE WORTH FL 33460-1127 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/20/1996	
22 City & State		27 City & State		4. FEI Number 65-0051351	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HISCOCK, JOHN E. 3655 ELIZABETH STREET LAKE WORTH FL 33461			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code FL		
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 re-registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PTD	<input type="checkbox"/> DELETE			
NAME	HISCOCK, JOHN E.				
STREET ADDRESS	1598 62 TRAIL S.				
CITY - ST - ZIP	WEST PALM BCH FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	WARREN, RAYMOND B.				
STREET ADDRESS	308 EVERGREEN DR				
CITY - ST - ZIP	LAKE WORTH FL				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	CICALESE, MRS MAE				
STREET ADDRESS	625 ROCKLAND DR				
CITY - ST - ZIP	WEST PALM BCH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SIMMONS, WILBUR B.				
STREET ADDRESS	799 NO. IVORY LANE				
CITY - ST - ZIP	WEST PALM BCH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SAMA, PASQUALE A.				
STREET ADDRESS	3198 MARINER WY				
CITY - ST - ZIP	LANTANA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
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 do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John E. Hiscock* PTD

May 15 97

Daytime Phone # 0039042

CR2E037 (9/96)