

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 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 # N97000000701 (9)
1. Corporation Name
HOSFORD-TELOGIA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business P.O. BOX 317 HOSFORD FL 32334	Mailing Address P.O. BOX 317 HOSFORD FL 32334
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3. Date Incorporated or Qualified 02/06/1997	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3446302	

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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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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FAIRCLOTH, F.L. MARTY JR
RT. 1, BOX 86, EAST END OF WOODMEN OF THE
WORLD STREET ON THE LEFT SIDE
HOSFORD FL 32334**

10. Name and Address of New Registered Agent
81 Name **Faircloth, F.L. Marty Jr**
82 Street Address (P.O. Box Number is Not Acceptable) **Chester St**
83
84 City **Hosford** FL 85 Zip Code **32334**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, RUSTY	
STREET ADDRESS	WEST ROBERTS STREET	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLLEY, JIMMY	
STREET ADDRESS	CHESTER STREET	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMNER, RUDY	
STREET ADDRESS	HIGHWAY 65 SOUTH	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAIRCLOTH, F.L. MARTY JR	
STREET ADDRESS	RT 1, BOX 86	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FOWLER, BOBBY	
STREET ADDRESS	RT 1, BOX 86	
CITY-ST-ZIP	HOSFORD FL 32334	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	LOLLEY, ALFREDA	
STREET ADDRESS	RT 1, BOX 49E	
CITY-ST-ZIP	HOSFORD FL 32334	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	S.T. Laurie A. Faircloth	
6.3 STREET ADDRESS	P.O. Box 229	
6.4 CITY-ST-ZIP	Hosford, FL 32334-0329	

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: **F.L. Faircloth Jr** 3-19-98 450-379-8128

CR2E037 (1097)