

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 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 # **710317** (9)
1. Corporation Name
MASARYKTOWN VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business PO BOX 9678 MASARYKTOWN FL 34609		Mailing Address PO BOX 9678 MASARYKTOWN FL 34609		3. Date Incorporated or Qualified 02/07/1966	
2. Principal Place of Business 21 17343 BENES ROUSH RD Suite, Apt. #, etc.		2a. Mailing Address 25 17343 BENES ROUSH RD Suite, Apt. #, etc.		4. FEI Number 59-2396665 Applied For Not Applicable	
23 MASARYKTOWN, FLA City & State		27 BROOKSVILLE, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34609 Zip		29 34609 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 HERNANDO Country		30 HERNANDO Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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				8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent VOSCINAR, STEVE 17343 BENES ROUSH RD BROOKSVILLE FL 34609				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

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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, NANCY	1.2 NAME	
STREET ADDRESS	17333 SQUIREL PRARE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MASARYKTOWN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	FCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHORYAT, DOUG	2.2 NAME	
STREET ADDRESS	1159 BROAD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MASARYKTOWN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSCINAR, STEVE	3.2 NAME	
STREET ADDRESS	17343 BENES ROUSH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MASARYKTOWN, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXSUK, JOHN	4.2 NAME	
STREET ADDRESS	18095 PALACKY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MASARYKTOWN 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: **Steve Voscinar**, **STEVE VOSCINAR**, 4-21-98 352-799-4186

CR2E037 (10/97)