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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

710378

(1)

POMPANO BEACH HIGHLANDS VOLUNTEER FIRE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1951 NORTH EAST 48 STREET POMPANO BEACH HIGHLANDS FL 33064

4921 N.W. 76TH PLACE POMPANO BEACH. FL 33073-3579

## FILED May 14 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 02/15/1966	3a. Dai	te of Le 05/01,		
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address			4. FEI Number		$\top$	Appli	ed For
21		26		_	_	59-1172944			Not A	Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi				
City & Stat	е	City & State	City & State			Election Campaign Financing     Trust Fund Contribution				
Zip	Country	Zip	Co	ountry		8. This corporation has liability for	r intangible i			
24	25	29	30				Yes [			,
	9. Name and Address of Curr	ent Registered Agent		Ţ		10. Name and Address of New R	egistered A	gent		
				<b>81</b> Na	me					
KEENAN	I, WILLIAM J.			92 01	ool Addro	ess (P.O. Box Number is Not Accepta	hlo)			
	8TH AVE			82 Street Addre		ass (P.O. Box Number is Not Accepta	able)			
	ELD BEACH FL 33441			83						
DECRI	LED BEACHT E 33441			ļ				<del>-</del>		
-				B4 Cit	У		FL	85	Zip Co	de
11 Purpuant	to the provisions of Sections 617.0	602 and 617 1608 Florida	Statutes the	abovo-par	ned corne	oration submits this statement for the		changi	na ite r	onistered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change	was authorize	ed by the	corporation	on's board of directors. I hereby acco	ept the appo	ointmen	t as re	gistered
agent. I a	im tamiliar with, and accept the obl					U	-98	۶ درح	1つ	,
SIGNATURE .	Jun 10		1255	100	107		00			
12.	Signature, typod or printed name of registered a	ND DIRECTORS	(NOTE: Hagister		ature require	d when reinstating) ADDITIONS/CHANGES TO OFF	ICEBS AND	DIREC	TORS	IN 12
12.	·	NID DITECTOR							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11 7 7 2
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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 frustee 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.

MATURE De CONTINUE TO BOUTH VED VIEWE

1-28-97 954-426-1068