

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 24 1996 8:00 am
Secretary of State

DOCUMENT # 712242 (7)
1. Corporation Name
KISSIMMEE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business Mailing Address
P O BOX 430025 P O BOX 430025
KISSIMMEE FL 34743-0025 KISSIMMEE FL 34743-7025
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/13/1967		3a. Date of Last Report 03/31/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0001413		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHEELER, PAUL
118 PINE ISLAND CIRCLE
KISSIMMEE FL 34743

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	PAUL WHEELER
NAME	WHEELER, PAUL	1.2 NAME	
STREET ADDRESS	118 PINE ISLAND CIRCLE	1.3 STREET ADDRESS	555 CADILLAC BLVD
CITY-ST-ZIP	KISSIMMEE FL 34743	1.4 CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	SD	2.1 TITLE	CONNIE RISK
NAME	RICHARDS, STACEY	2.2 NAME	
STREET ADDRESS	555 CADILLAC BLVD.	2.3 STREET ADDRESS	11 LAGUNA POINTE WAY
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE	TD	3.1 TITLE	
NAME	COLLIER, JAMES	3.2 NAME	
STREET ADDRESS	465 BOXWOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	3.4 CITY-ST-ZIP	
TITLE	VCD	4.1 TITLE	VCD
NAME	JORDAN, MICHELE	4.2 NAME	RICH HENKEL
STREET ADDRESS	206 HOLLYWOOD COURT, NORTH	4.3 STREET ADDRESS	790 ROYAL PALM DR.
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE FL 34743
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James Collier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96
Date

407-348-5355
Daytime Phone #

CF2E037 (12/95)