

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712242 (7)

1. Corporation Name

KISSIMMEE HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

Mailing Address

P O BOX 430025
KISSIMMEE FL 34743-0025
USP O BOX 430025
KISSIMMEE FL 34743-0025

3. Date Incorporated or Qualified

02/13/1967

3a. Date of Last Report

04/24/1996

4. FEI Number

59-0001413

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

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

JOHN DONAHUE

82 Street Address (P.O. Box Number is Not Acceptable)

8621 GOPHER LN.

83

84 City

ORLANDO, FL

FL

85 Zip Code
32829

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 *John Donahue*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE
NAME WHEELER, PAUL
STREET ADDRESS 555 CADILLAC BLVD
CITY-ST-ZIP KISSIMMEE FL1.1 TITLE RD. ☒ Change ☐ Addition
1.2 NAME JOHN DONAHUE
1.3 STREET ADDRESS 8621 GOPHER LN.
1.4 CITY-ST-ZIP ORLANDO, FL. 32829TITLE SD ☐ DELETE
NAME CONNIE RISK
STREET ADDRESS 11 LAGUNA POINTE WAY
CITY-ST-ZIP KISSIMMEE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME COLLIER, JAMES
STREET ADDRESS 465 BOXWOOD COURT
CITY-ST-ZIP KISSIMMEE FL 347433.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VCD ☒ DELETE
NAME RICH HENKEL
STREET ADDRESS 790 ROYAL PALM DR.
CITY-ST-ZIP KISSIMMEE FL4.1 TITLE VCD ☒ Change ☐ Addition
4.2 NAME SHIRLEY COLLIER
4.3 STREET ADDRESS 465 BOXWOOD CT.
4.4 CITY-ST-ZIP KISSIMMEE, FL.TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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: *James Collier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-348-5555
Daytime Phone # 0089908

CR2E037 (9/96)