


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **716574** (9)

1. Corporation Name

**PAISLEY VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business		Mailing Address	
HWY 42 BOX 189 PAISLEY FL 32767		HWY 42 BOX 169 PAISLEY FL 32767	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	
05/16/1969	
4. FEI Number	Applied For
59-1704224	Not Applicable
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		10. Name and Address of New Registered Agent	
HEIDBREDER, FRED FISHERMANS RD PAISLEY FL 32767		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 \_\_\_\_\_ (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	CONNER, ANNA	1.2 NAME	
STREET ADDRESS	44200 SPRING CREEK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY, FL 00000 32767	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORGMAN, CLARA	2.2 NAME	
STREET ADDRESS	44200 SPRING CREEK RD. 43850 SUNSET DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY, FL 00000 32767	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, ELLIS	3.2 NAME	
STREET ADDRESS	44200 SPRING CREEK RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY, FL 00000 32767	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, GEORGE	4.2 NAME	
STREET ADDRESS	44200 SPRING CREEK RD. 442200 SPRING CREEK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY, FL 00000 32767	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, WILLIAM	5.2 NAME	
STREET ADDRESS	25010 CASTLE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL 32767	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDELL, BERYL	6.2 NAME	
STREET ADDRESS	25922 PINE RIDGE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY, FL 00000 32767	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: *Clara E. Borman* 3-20-98 352-669-2412

CFR2037 (10/97)