


FILE, NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>717301</b> (6)			
1. Corporation Name <b>GOLFVIEW-WOODLAND PARK VOLUNTEER FIRE DEPARTMENT, INC.</b>			
Principal Place of Business <b>31 JASMINE AVENUE LAKE WALES FL 33853</b>		Mailing Address <b>31 JASMINE AVENUE LAKE WALES FL 33853-5253</b>	
2. Principal Place of Business 21 <b>31 JASMINE Ave</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>31 JASMINE Ave</b> Suite, Apt. #, etc.	
22 City & State 23 <b>LAKE WALES, FL</b> Zip 24 <b>33853</b>		27 City & State 28 <b>LAKE WALES, FL</b> Zip 29 <b>33853</b>	
25 <b>Polk</b>		30 <b>Polk</b>	
9. Name and Address of Current Registered Agent <b>RICHARDSON, JERRY 3020 AZALEA AVENUE LAKE WALES FL 33853</b>		10. Name and Address of New Registered Agent 81 Name <b>Victoria Kendall</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1573 BASSETT RD</b> 83 <b>31 JASMINE Ave</b> 84 City <b>LAKE WALES</b> FL 85 Zip Code <b>33853</b>	
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 <b>Jerry D Richardson or Victoria A Kendall</b> DATE <b>1/4/97</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V D MANCIL, MIKE 206 STOKES RD LAKE WALES FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President Scott, Wayne C. 342 Hibiscus DR. LAKE WALES FL 33853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KRONYAK 1410 LAKEVIEW RD LAKE WALES FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Treasure Richardson, Sue T 3020 Azalea Ave LAKE WALES, FL 33859</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P D WELCH, THOMAS 3813 S R 60 EAST # 3 LAKE WALES FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Secretary Victoria Kendall P.D. 1573 Bassett Rd LAKE WALES FL 33853</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RICHARDSON, JERRY 3020 AZALEA AVE. LAKE WALES FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100002111161 -03/12/97--01058--021 ***61.25</b>
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: <b>Victoria A Kendall</b> DATE <b>1/4/97</b> Daytime Phone # <b>(941) 676-8343</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)