

FILE NOW: FILING FEE IS \$61.25

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Mar 11 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 # **718866** (7)  
1. Corporation Name  
**THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.**

Principal Place of Business <b>700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN FL 33854-5575</b>	Mailing Address <b>700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN FL 33854-5575</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>07/16/1970</b> 4. FEI Number <b>59-2645258</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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
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9. Name and Address of Current Registered Agent <b>SAWYER, PHILIP 13 FEDHAVEN DR. FEDHAVEN FL 33854</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD SAWYER, PHILIP 13 FEDHAVEN DR FEDHAVE FL	<input type="checkbox"/> DELETE	TD LAMBIASE, RICHARD J. 1 FEDHAVEN CIRCLE FEDHAVEN, FL 33854	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STD LAMBIASE, RICHARD J. 1 FEDHAVEN CIRCLE FEDHAVEN, FL 00000	<input type="checkbox"/> DELETE	2.1 TITLE	2.2 NAME
VP GERMAN, ROGER ST. 50 FEDHAVEN DR. FEDHAVEN FL	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CD DAMATO, DTEVE 104 FEDHAVEN DR. FEDHAVEN FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME
S MAY, WILLIAM 376 FEDHAVEN DR. FEDHAVEN FL	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
VT SEVELA, JOSEPH 130 FEDHAVEN CIR FEDHAVEN FL	<input type="checkbox"/> DELETE	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	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: *Richard J. Lambiasse* **RICHARD J. LAMBIASE, 3-6-98 (941) 696-4401**

CR2E037 (10/97)