

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

DOCUMENT # 719239 (6)

1. Corporation Name
HIGHLAND LAKES VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.



Principal Place of Business
**2940 N HIGHLANDS BLVD.
AVON PARK FL 33825**

Mailing Address
**P.O. BOX 7
AVON PARK FL 33825**

3. Date incorporated or Qualified 09/01/1970	3a. Date of Last Report 11/13/1995
4. FEI Number 59-6533620	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KING, JUDY 3210 W. CARMINE RD., AVON PARK FL 33825		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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: *Judy H. King* (NOTE: Registered Agent signature required when reinstating) DATE: **5-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT, DIRECTOR
NAME	JOLIN, MICHAEL E.	1.2 NAME	WILLIAM C. SAGER
STREET ADDRESS	2132 N. ZEPHYR RD.	1.3 STREET ADDRESS	1645 W. POINSETTIA DR
CITY-ST-ZIP	AVON PARK FL 33825	1.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VD	2.1 TITLE	VICE PRESIDENT, DIRECTOR
NAME	GILLARD, THOMAS	2.2 NAME	MICHAEL E. JOLIN
STREET ADDRESS	1178 D.M. ERNEST RD.	2.3 STREET ADDRESS	2132 N. ZEPHYR RD
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	TD	3.1 TITLE	TREASURER, DIRECTOR
NAME	JOLIN, MICHELLE	3.2 NAME	ALAN S. ASHCRAFT
STREET ADDRESS	2132 N. ZEPHYR	3.3 STREET ADDRESS	246 LAKE DANON DR
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	SD	4.1 TITLE	DIRECTOR
NAME	KING, JUDY	4.2 NAME	BILL KITNER
STREET ADDRESS	3210 W. CARMINE RD.	4.3 STREET ADDRESS	1710 W. ORANGEWOOD LN
CITY-ST-ZIP	AVON PARK FL 33825	4.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D	5.1 TITLE	DIRECTOR
NAME	ZIMMERMAN, DON	5.2 NAME	C. J. NEUHYER
STREET ADDRESS	2084 N. LARRAMORE RD.	5.3 STREET ADDRESS	2730 N. AUCCASO RD
CITY-ST-ZIP	AVON PARK FL 33825	5.4 CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	D	6.1 TITLE	
NAME	BALLARD, THOMAS	6.2 NAME	
STREET ADDRESS	55 WAINWRIGHT WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33825	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: *Alan S. Ashcraft* TREASURER DATE: **5/1/96** (941) 452-3807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)