

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720545 (3)
1. Corporation Name
LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, IN C.



Principal Place of Business Mailing Address
HWY. 470 E. P.O. BOX 708
P.O. BOX 708 LAKE PANASOFFKEE FL 33538-0708
LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified 03/19/1971
3a. Date of Last Report 12/09/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1010045	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
APPS, EDWIN HWY 470 CR 434 LAKE PANASOFFKEE FL 33538	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 Edwin F. Apps Jr DATE 2/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, CLIFF	1.2 NAME	D ESTOK, BOB
STREET ADDRESS	HWY 470 CR 440A	1.3 STREET ADDRESS	CR 415B
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	1.4 CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, DEWEY	2.2 NAME	D HAYMAN, GAYLE
STREET ADDRESS	CR 482 HWY 47-D	2.3 STREET ADDRESS	CR 309A
CITY-ST-ZIP	LAKE PANASOFFKEE FL	2.4 CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESE, ZELDA	3.2 NAME	
STREET ADDRESS	HWY 470 CR 482-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, MAUDIE M	4.2 NAME	
STREET ADDRESS	HWY 470 CR 482	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APPS, EDWIN	5.2 NAME	
STREET ADDRESS	HWY 470-CR -434	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOSSIP, BILL	6.2 NAME	
STREET ADDRESS	HWY 470-N.W. 13 RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	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: Edwin F. Apps Jr

CR2E037 (9/96)