

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720545 (3)
1. Corporation Name
LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, INC.



Principal Place of Business HWY. 470 E. P.O. BOX 708 LAKE PANASOFFKEE FL 33538	Mailing Address P.O. BOX 708 LAKE PANASOFFKEE FL 33538
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3. Date Incorporated or Qualified 03/19/1971	Applied For Not Applicable
4. FEI Number 59-1010045	

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
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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 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
APPS, EDWIN
HWY 470 CR 434
LAKE PANASOFFKEE FL 33538

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HURST, CLIFF	
STREET ADDRESS	HWY 470 CR 440A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL 33538	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONN, DEWEY	
STREET ADDRESS	CR 482 HWY 47-D	
CITY-ST-ZIP	LAKE PANASOFFEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIESE, ZELDA	
STREET ADDRESS	HWY 470 CR 482-A	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CONN, MAUDIE M	
STREET ADDRESS	HWY 470 CR 482	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	APPS, EDWIN	
STREET ADDRESS	HWY 470-CR -434	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOSSIP, BILL	
STREET ADDRESS	HWY 470-N.W. 13 RD.	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Estock, Robert	
1.3 STREET ADDRESS	2763 CR 415 B	
1.4 CITY-ST-ZIP	LK. PANASOFFKEE FL 33538	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Edwin Apps* DATE: *Jan. 14, 1998*

CR2E037 (10/97)