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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720545

1. Corporation Name
LAKE PANASOFFKEE FIRE PROTECTIVE ASSOCIATION, IN C.

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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2. Principal Place of Business 21 C.R. 439 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/19/1971
22 P.O. Box 708 City & State 23 Lake Panasoffkee Fl.	27 City & State	4. FEI Number 59-1010045 Applied For Not Applicable
24 33538 25 Zip Country	29 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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 **Estok, Robert**
 82 Street Address (P.O. Box Number is Not Acceptable) **2763 C.R. 415 B**
 83 **Lake Panasoffkee**
 84 City **FL** 85 Zip Code **33538**

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 ROBERT ESTOK (NOTE: Registered Agent signature required when finalizing) DATE 1/26/99

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 checked="" type="checkbox"/> DELETE
NAME	CONN, DEWEY	
STREET ADDRESS	CR 482 HWY 47-D	
CITY-ST-ZIP	LAKE PANASOFFKEE 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 checked="" type="checkbox"/> DELETE
NAME	CONN, MAUDIE M	
STREET ADDRESS	HWY 470 CR 482	
CITY-ST-ZIP	LAKE PANASOFFKEE FL	
TITLE	P	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hurst, Cliff	
1.3 STREET ADDRESS	HWY. 470 CR 440 A	
1.4 CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Klien, Robert	
2.3 STREET ADDRESS	3590 CR 406	
2.4 CITY-ST-ZIP	Lake Panasoffkee FL 33538	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Betty Etter	
3.3 STREET ADDRESS	1291 CR 459	
3.4 CITY-ST-ZIP	Lake Panasoffkee FL 33538	
4.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Estok, Robert	
4.3 STREET ADDRESS	2763 CR 415 B	
4.4 CITY-ST-ZIP	Lake Panasoffkee FL 33538	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Haymon, Gayle	
5.3 STREET ADDRESS	4824 C.R. 309A	
5.4 CITY-ST-ZIP	Lake Panasoffkee FL 33538	
6.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Glossip, Bill	
6.3 STREET ADDRESS	HWY 470 N.W 13 Rd	
6.4 CITY-ST-ZIP	Lake Panasoffkee FL 33538	

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, with all other like empowered.

SIGNATURE: ROBERT ESTOK SIGNATURE: ROBERT ESTOK DATE: 1/26/99 DAYTIME PHONE #: 352 568 1524

CR2E037 (11/98)