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Jan 23 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 # 721493 (5)  
1. Corporation Name  
CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business Mailing Address  
5302 W. THONOTOSASSA 5302 W. THONOTOSASSA  
PO BOX 1303 PO BOX 1303  
PLANT CITY FL 33565-8425 PLANT CITY FL 33564-1303

3. Date Incorporated or Qualified 08/10/1971 3a. Date of Last Report 01/31/1996

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

4. FEI Number 59-1720887 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

FLOYD, CHARLES L. SR.  
1912 W HUNTER RD.  
PLANT CITY FL 33566

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	WALKER, RHONDA D	1.2 NAME	
STREET ADDRESS	4811 W. BOOTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BUTI, DAVID	2.2 NAME	
STREET ADDRESS	1246 TERRACE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BLACK, DORCAS	3.2 NAME	
STREET ADDRESS	4902 W KNIGHTS GRIFFIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FLOYD, CHARLES L SR	4.2 NAME	
STREET ADDRESS	1912 W HUNTER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33566	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	WALKER, GERALD	5.2 NAME	
STREET ADDRESS	4811 W BOOTH RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE: Rhonda D Walker Rhonda D. Walker 4/10/97 83 757-3915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046060

CR2E037 (9/96)