


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722005 (6) 1. Corporation Name SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 25054 NE COUNTY RD. 316 P.O. BOX 5108 FT. MCCOY FL 32134-5108			Mailing Address 25054 NE COUNTY RD. 316 P.O. BOX 5108 FT. MCCOY FL 32134-5108		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1971	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7206215	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Salt Springs, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32134-5108		29 1150		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 USA		30		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 COMSTOCK, NAN B 24940 NE 136TH LN SALT SPGS FL 32134			10. Name and Address of New Registered Agent		
			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					
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	COMSTOCK, NAN B.				
STREET ADDRESS	24940 NE 136TH LANE				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	BRETT, MARY				
STREET ADDRESS	13760 NE 238TH COURT				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LIEBL, RUTH				
STREET ADDRESS	14370 NE 209 TERR. RD.				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	HARPOLD, JAMES				
STREET ADDRESS	12631 NE 243 AVE				
CITY-ST-ZIP	SALT SPRINGS FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLIAMS, SALLY				
STREET ADDRESS	15175 NE 248 AVE. RD.				
CITY-ST-ZIP	FT MCCOY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PAYTON, ETHEL				
STREET ADDRESS	25242 N.E. 137TH PL				
CITY-ST-ZIP	SALT SPRINGS FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input checked="" 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: NAN B. COMSTOCK 1-10-98 352-685-4621

CR2E037 (10/97)