

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 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 # **722757** (2)
1. Corporation Name
PIONEER PLANTATION VOLUNTEER FIRE DEPT., INC.



Principal Place of Business 2499 HENDRY ISLES BLVD. RT. 2, BOX 1290 CLEWISTON FL 33440 US	Mailing Address 2499 HENDRY ISLES BLVD. RT. 2, BOX 1290 CLEWISTON FL 33440
---	--

3. Date Incorporated or Qualified 02/24/1972	
4. FEI Number 59-2369541	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

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
---	--

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
**TIMMS, EDITH
2499 HENDRY ISLES BLVD.
RT 2, BOX 1290
CLEWISTON FL 33440**

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	PD <input type="checkbox"/> DELETE
NAME	TIMMS, EDITH
STREET ADDRESS	4550 23RD ST
CITY-ST-ZIP	CLEWISTON FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ALBERT, SHARYN
STREET ADDRESS	5065 4TH ST
CITY-ST-ZIP	CLEWISTON FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CRUMB, SHIRLEY
STREET ADDRESS	FLAMINGO AVE
CITY-ST-ZIP	CLEWISTON FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	JONES, SHERRY
STREET ADDRESS	P.O. BOX 1593N/A
CITY-ST-ZIP	CLEWISTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TIMMS, RAYMOND
STREET ADDRESS	4550 23RD ST
CITY-ST-ZIP	CLEWISTON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ALBERT, MANUEL
STREET ADDRESS	5065 4TH ST
CITY-ST-ZIP	CLEWISTON 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	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALBERT, SHARYN
2.3 STREET ADDRESS	5065 4th Street
2.4 CITY-ST-ZIP	Clewiston, FL
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELIASSEN, MARTHA J.
3.3 STREET ADDRESS	190 East Tampa Avenue
3.4 CITY-ST-ZIP	Clewiston, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CRUMB, SHIRLEY
4.3 STREET ADDRESS	Flamingo Avenue
4.4 CITY-ST-ZIP	Clewiston, FL
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: Edith Timms **EDITH TIMMS** **2-2-98** **941-983-9533**

CR2E037 (10/97)