

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723102** (0)
1. Corporation Name
RAINBOW LAKES VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business 4000 S.W. DEEPWATER COURT DUNNELLON FL 34431	Mailing Address 4000 S.W. DEEPWATER COURT DUNNELLON FL 34431
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3. Date Incorporated or Qualified 03/28/1972	
4. FEI Number 59-3100614	Applied For <input type="checkbox"/> Not Applicable

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 MACKERELL, AVONELLE R ESQ. 1250 S.W. SHOREWOOD DR DUNNELLON FL 34431

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: **AVONELLE R. MACKERELL** **AVONELLE R. MACKERELL** **1-26-98**
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	<input type="checkbox"/> DELETE
NAME	P CORCORAN, DANIEL P
STREET ADDRESS	20394 SW AUDUBON AVE
CITY-ST-ZIP	DUNNELLON FL
TITLE	<input type="checkbox"/> DELETE
NAME	V PINZON, NELSON A
STREET ADDRESS	2647 SOUNDVIEW DR
CITY-ST-ZIP	DUNNELLON FL
TITLE	<input type="checkbox"/> DELETE
NAME	S JACQUEIN, JOHN W
STREET ADDRESS	4221 SW BEGONIA CT
CITY-ST-ZIP	DUNNELLON FL
TITLE	<input type="checkbox"/> DELETE
NAME	T BAUM, HARRY N
STREET ADDRESS	20195 SW PLANTATION ST
CITY-ST-ZIP	DUNNELLON FL
TITLE	<input type="checkbox"/> DELETE
NAME	CD WIERZBINSKI, LEON
STREET ADDRESS	2308 SW RONDA DR
CITY-ST-ZIP	DUNNELLON FL
TITLE	<input type="checkbox"/> DELETE
NAME	D O'REILLY, FRANCIS
STREET ADDRESS	2652 SW VIBURNAM RD
CITY-ST-ZIP	DUNNELLON 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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C.D. WIERZBINSKI, LEON
5.3 STREET ADDRESS	234 88 SW MARINE BLVD
5.4 CITY-ST-ZIP	DUNNELLON
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: **NELSON A PINZON** **NELSON A PINZON** **1-21-98** **489-4280**

CR2E037 (1097)