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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725598** (7)

1. Corporation Name

FORT OGDEN FIRE DEPARTMENT, INC.

Principal Place of Business

**HWY 17 AND MASSACHUTTS
P.O. BOX 144
FORT OGDEN FL 34267**

Mailing Address

**P.O. BOX 144
FORT OGDEN FL 34267**



3. Date Incorporated or Qualified

02/19/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUNNARBORG, DUANE J
10922 BOGGESE AVE.
P.O. BOX 481
FORT OGDEN FL 34267**

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	C	<input type="checkbox"/> DELETE
NAME	SUNNARBORG, DUANE J	
STREET ADDRESS	10922 BOGGESE AVE.	
CITY-ST-ZIP	FORT OGDEN FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LANE, ROBERT J.	
STREET ADDRESS	P. O. BOX 168 SENATE AVE N/A	
CITY-ST-ZIP	FT. OGDEN FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLANT, WAYNE	
STREET ADDRESS	2933 S.W. BEARD ST	
CITY-ST-ZIP	ARCADIA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, DAN	
STREET ADDRESS	11564 S.W. PINE AVE.	
CITY-ST-ZIP	ARCADIA FL 33821	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLARD, EARLE W	
STREET ADDRESS	11269 S.W. WELCH AVE.	
CITY-ST-ZIP	ARCADIA FL 33821	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE REQUIRED

1/12/98 (94) 993-9262

CR2E037 (10/97)