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May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725921** (1)
1. Corporation Name
FT. MCCOY-EUREKA VOLUNTEER FIRE DEPARTMENT, INC.



| | | | |
|---|--|--|--|
| Principal Place of Business 13150 E. HWY 316 FT MCCOY FL 32134 US | | Mailing Address 13150 E. HWY 316 FT MCCOY FL 32134 US | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 | |
| Zip 24 | | Country 25 | |
| 3. Date Incorporated or Qualified 03/26/1973 | | 4. FEI Number 59-1710708 | |
| 5. Certificate of Status Desired <input checked="" 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 GREER, CHARLES WEST 316 FIRE TOWER FT. MCCOY FL 32637 | | 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 617.1506, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|----------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| P | GREER, CHARLES | | |
| STREET ADDRESS | 6530 SW 155 ST | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DUNNELLON FL | 1.4 CITY - ST - ZIP | |
| V | BROWN, LILLIAN | 2.1 TITLE | |
| STREET ADDRESS | KERR SHORES | 2.2 NAME | |
| CITY - ST - ZIP | FT MCCOY FL | 2.3 STREET ADDRESS | |
| BD | MCNEELY, JOHN S. | 2.4 CITY - ST - ZIP | |
| STREET ADDRESS | 23680 NE 152 LANE ROAD | 3.1 TITLE | |
| CITY - ST - ZIP | FT. MCCOY FL | 3.2 NAME | |
| BD | CLARK, RICHARD | 3.3 STREET ADDRESS | |
| STREET ADDRESS | CR-316 EUREKA | 3.4 CITY - ST - ZIP | |
| CITY - ST - ZIP | FT MCCOY FL | 4.1 TITLE | |
| BD | EARLE, KENNETH | 4.2 NAME | |
| STREET ADDRESS | 14554 NE 189TH PLACE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. MCCOY FL | 4.4 CITY - ST - ZIP | |
| BD | BROWN, LILLIAN | 5.1 TITLE | |
| STREET ADDRESS | KERR SHORES | 5.2 NAME | |
| CITY - ST - ZIP | FT. MCCOY FL | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| | | 6.1 TITLE | |
| | | 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: *Charles Greer* *6/1/98* *252-854-4823*

CR2E037 (10/97)