

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726182 (9)**  
 1. Corporation Name  
**ROLLING WOODS VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business	Mailing Address
24415 S.E. HIGHWAY 450 UMATILLA FL 32784 US	24415 S.E. HIGHWAY 450 UMATILLA FL 32784 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	Applied For
04/20/1973	
4. FEI Number	Not Applicable
59-2855162	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOKE, DOLORES 24415 W. HWY. 450 UMATILLA FL 32784	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President / D
NAME	MCKINNEY, DEL	1.2 NAME	McKinney Del
STREET ADDRESS	15850 SE 23RD TERR	1.3 STREET ADDRESS	15850 SE 23rd Terr
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	Umatilla FL 32784
TITLE	S	2.1 TITLE	S/D
NAME	COOKE, DOLORES	2.2 NAME	COOKE DOLORES
STREET ADDRESS	24415 W HWY 450	2.3 STREET ADDRESS	24415 W Hwy 450
CITY-ST-ZIP	UMATILLA FL	2.4 CITY-ST-ZIP	Umatilla FL 32784
TITLE	D	3.1 TITLE	
NAME	MICHAEL, GIBSON	3.2 NAME	
STREET ADDRESS	16880 SE 249TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	CRAWFORD, J. ROBERT	4.2 NAME	
STREET ADDRESS	29251 SE HWY 42	4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T/D
NAME	MCKINNEY, BECKY	5.2 NAME	McKinney, Becky
STREET ADDRESS	15850 SE 253RD TERR	5.3 STREET ADDRESS	15850 SE 253rd Terr
CITY-ST-ZIP	UMATILLA FL	5.4 CITY-ST-ZIP	Umatilla FL 32784
TITLE	D	6.1 TITLE	VP/D
NAME	COOKE, RICHARD H	6.2 NAME	COOKE Richard H
STREET ADDRESS	24415 W HWY 450	6.3 STREET ADDRESS	24415 W Hwy 450
CITY-ST-ZIP	UMATILLA FL	6.4 CITY-ST-ZIP	Umatilla FL 32784

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: Dolores Cooke (Dolores Cooke) 3/29/98 352 669 6634

CR2E037 (10/97)