


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90279 026 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726182					
1. Corporation Name ROLLING WOODS VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 24415 S.E. HIGHWAY 450 UMATILLA FL 32784 US			Mailing Address 24415 S.E. HIGHWAY 450 UMATILLA FL 32784 US		

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2. Principal Place of Business 21 24798 SE HWY 42 Suite, Apt. #, etc. 22		2a. Mailing Address 26 24798 SE HWY 42 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/20/1973	
City & State 23 UMATILLA FL Zip Country 24 32784 25		City & State 28 UMATILLA FL Zip Country 29 32784 30 USA		4. FEI Number 59-2855162 Applied For Not Applicable	
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	

9. Name and Address of Current Registered Agent COOKE, DOLORES 24415 W. HWY. 450 UMATILLA FL 32784				10. Name and Address of New Registered Agent 81 Name Carl Frey 82 Street Address (P.O. Box Number is Not Acceptable) 16895 SE 272 CT 83 84 City Umatilla FL 85 Zip Code 32784			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, DEL			1.2 NAME	BILZ, DEBORAH		
STREET ADDRESS	15850 SE 23RD TERR			1.3 STREET ADDRESS	11930 TAGS TRAIL		
CITY-ST-ZIP	UMATILLA FL 32784			1.4 CITY-ST-ZIP	UMATILLA FL 32784		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, DOLORES			2.2 NAME	HALLGREN, BRUCE		
STREET ADDRESS	24415 W HWY 450			2.3 STREET ADDRESS	16900 SE 272 CT		
CITY-ST-ZIP	UMATILLA FL			2.4 CITY-ST-ZIP	UMATILLA FL 32784		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKINNEY, BECKY			3.2 NAME	FREY, CARL		
STREET ADDRESS	15850 SE 253RD TERR			3.3 STREET ADDRESS	16895 SE 272 CT		
CITY-ST-ZIP	UMATILLA FL 32784			3.4 CITY-ST-ZIP	UMATILLA FL 32784		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, RICHARD H			4.2 NAME	BRITTING, DIANE		
STREET ADDRESS	24415 W HWY 450			4.3 STREET ADDRESS	625 E. WASHINGTON AVE.		
CITY-ST-ZIP	UMATILLA FL 32784			4.4 CITY-ST-ZIP	EUSTIS, FL 32726		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 99 352-669-3404
 Date Daytime Phone #

CR2E037 (11/98)