

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 29 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 727271 (9)
 1. Corporation Name
 FORREST HILLS VOLUNTARY FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
 43606 COOTER POND ROAD DELAND FL 32720 US
 43606 COOTER POND ROAD DELAND FL 32720 US

3. Date Incorporated or Qualified
 08/28/1973

4. FEI Number NOT APPLICABLE
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 31406 Anna St 28 31406 Anna St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Deland FL 28 Deland FL
 Zip Country Zip Country
 24 32720 25 USA 29 32720 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 TALLY, LOU
 822 N. DONNELLY ST.
 MT DORA FL 32757

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P COLTSON, RODNEY <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLTSON, RODNEY | 1.2 NAME | |
| STREET ADDRESS | 31911 SKYLINE DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 1.4 CITY-ST-ZIP | |
| TITLE | V ZAJAC, EDITH <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAJAC, EDITH | 2.2 NAME | |
| STREET ADDRESS | 31742 2ND AVENUE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | TDS MARLOW, SUZANNE <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | TDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARLOW, SUZANNE | 3.2 NAME | MARLOW, Suzanne |
| STREET ADDRESS | 43606 COOTER POND ROAD | 3.3 STREET ADDRESS | 31406 Anna St |
| CITY-ST-ZIP | DELAND FL | 3.4 CITY-ST-ZIP | Deland, FL 32720 |
| TITLE | D COLTSON, DEE <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLTSON, DEE | 4.2 NAME | |
| STREET ADDRESS | 31911 SKYLINE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | D VANDERPOOL, MARY <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANDERPOOL, MARY | 5.2 NAME | |
| STREET ADDRESS | 31242 LAKE DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DELAND FL | 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.

SIGNATURE: Suzanne Marlow 7/20/98 (352)669 7553
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)