

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 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 # 727625 (6)
1. Corporation Name
SAN ANTONIO VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 32629 PENNSYLVANIA AVE. SAN ANTONIO FL 33576	Mailing Address P.O. BOX 37 SAN ANTONIO FL 33576
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3. Date Incorporated or Qualified 10/02/1973	
4. FEI Number 23-7336076	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SUMNER, ROBERT
14150 6TH ST.
DADE CITY FL 33525**

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 617.1508, 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	
TITLE	P <input type="checkbox"/> DELETE
NAME	BARBER, WADE
STREET ADDRESS	12629 CURLEY STREET
CITY-ST-ZIP	SAN ANTONIO FL 33576
TITLE	V <input type="checkbox"/> DELETE
NAME	MC DOUGAL, JEFF
STREET ADDRESS	31134 ST. JOE ROAD
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	T <input type="checkbox"/> DELETE
NAME	HICKS, DONNA
STREET ADDRESS	12930 WILLIAMS ROAD
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	D <input type="checkbox"/> DELETE
NAME	JENSEN, JOHN
STREET ADDRESS	14709 SCHARBER ROAD
CITY-ST-ZIP	DADE CITY FL 33525
TITLE	D <input type="checkbox"/> DELETE
NAME	JONASSON, OLAF
STREET ADDRESS	12923 PARK ST. #6
CITY-ST-ZIP	SAN ANTONIO FL 33576
TITLE	D <input type="checkbox"/> DELETE
NAME	LYNCH, STEVE
STREET ADDRESS	32714 HESTER LOOP
CITY-ST-ZIP	SAN ANTONIO FL 33576

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: *Mark A. Smith*

5-4-98

CR2E037 (10/97)