


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730150** (0)

1. Corporation Name

SOUTH FOREST VOLUNTEER FIRE DEPARTMENT, INCORPORATED

Principal Place of Business

Mailing Address

**15480 S.E. 182ND AVE. RD.
UMATILLA FL 32784**

**15490 S.E. 182ND AVE. RD.
UMATILLA FL 32784-8596**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1974	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SNOWBERGER, DANIEL J
21961 S.E. 149TH LANE
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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOWBERGER, DANIEL	1.2 NAME	
STREET ADDRESS	21961 SE 149 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JAMES	2.2 NAME	
STREET ADDRESS	RT 3, BOX 657 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL 32179	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORFOLK, SANDRA	3.2 NAME	
STREET ADDRESS	20885 S.E. 142ND LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDAY, DONALD	4.2 NAME	
STREET ADDRESS	14910 S.E. 218TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZZARD, RALPH	5.2 NAME	
STREET ADDRESS	21990 S.E. 147PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, TOMMY	6.2 NAME	
STREET ADDRESS	20897 S.E. 140 PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	6.4 CITY-ST-ZIP	

14. I do 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:

[Signature]

4/20/97

(38) 821-0741

CR2E037 (9/96)