

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730501** (4)  
1. Corporation Name  
**SUNNY HILLS VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>4004 COLUMBIA BLVD SUNNY HILLS FL 32428-2905 US</b>	Mailing Address <b>4804 COLUMBIA BLVD 615 COLUMBIA BLVD SUNNY HILLS FLORIDA 32428 - 2905</b>
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3. Date Incorporated or Qualified <b>08/21/1974</b>	4. FEI Number <b>23-7446544</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 <b>32428-2905</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 <b>WASHINGTON</b>
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*SAME AS ABOVE*

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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 <b>MONGOVEN (W. J.) 105 SOUTH 5TH STREET CHIPLEY FLORIDA</b>	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 <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKERLE, MARGARET</b>	1.2 NAME	
STREET ADDRESS	<b>4186 EAST BROOK DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNNY HILLS FL 32428</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLANAGAN, OWEN</b>	2.2 NAME	
STREET ADDRESS	<b>3975 FALCON DRIVE</b>	2.3 STREET ADDRESS	<b>PD WILLIAMS, STEVE</b>
CITY-ST-ZIP	<b>SUNNY HILLS FL</b>	2.4 CITY-ST-ZIP	<b>3979 ROSEWAY AVE. SUNNY HILLS, FL. 32428</b>
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELLAMY, LUTHER</b>	3.2 NAME	
STREET ADDRESS	<b>1809 ULMER LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNNY HILLS FL 32428</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AGIATO, FRANK J.</b>	4.2 NAME	
STREET ADDRESS	<b>4045 LINWOOD DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNNY HILLS FL 32428</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NYHOLM, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>4013 CHAPEL AVE</b>	5.3 STREET ADDRESS	<b>VD SWAIGART, EDWARD</b>
CITY-ST-ZIP	<b>SUNNY HILLS FL</b>	5.4 CITY-ST-ZIP	<b>1718 QUINTARA COURT SUNNY HILLS, FL. 32428</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILEY, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>4454 HANCOCK COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNNY HILLS FL 32428</b>	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: **Frank J. Agiato** - FRANK J. AGIATO 2/5/98 850 773-3392

CP2E037 (10/97)