

FILE NOW: FILING FEE IS \$61.25

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Feb 12 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 # 730501 (4)
1. Corporation Name
SUNNY HILLS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 4004 COLUMBIA BLVD SUNNY HILLS FL 32428-2905 US	Mailing Address 4004 COLUMBIA BLVD 615 OBLEES BLVD SUNNY HILLS FLORIDA 32428 - 2905
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3. Date Incorporated or Qualified 08/21/1974	
4. FEI Number 23-7446544	Applied For <input type="checkbox"/> 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	
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	

2. Principal Place of Business 21 Suite, Apt. #, etc. SAME AS ABOVE	2a. Mailing Address 26 Suite, Apt. #, etc. SAME AS ABOVE
23 City & State	27 City & State SAME AS ABOVE
24 Zip 32428-2905	25 Country WASHINGTON
29 Zip 32428-2905	30 Country WASHINGTON

9. Name and Address of Current Registered Agent
**MONGOVEN (W. J.)
105 SOUTH 5TH STREET
CHIPLEY FLORIDA**

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	SD	<input type="checkbox"/> DELETE
NAME	ECKERLE, MARGARET	
STREET ADDRESS	4186 EAST BROOK DRIVE	
CITY-ST-ZIP	SUNNY HILLS FL 32428	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FLANAGAN, OWEN	
STREET ADDRESS	3975 FALCON DRIVE	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLAMY, LUTHER	
STREET ADDRESS	1809 ULMER LANE	
CITY-ST-ZIP	SUNNY HILLS FL 32428	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AGIATO, FRANK J.	
STREET ADDRESS	4045 LINWOOD DR	
CITY-ST-ZIP	SUNNY HILLS FL 32428	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NYHOLM, ROBERT	
STREET ADDRESS	4013 CHAPEL AVE	
CITY-ST-ZIP	SUNNY HILLS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KILEY, JOHN	
STREET ADDRESS	4454 HANCOCK COURT	
CITY-ST-ZIP	SUNNY HILLS FL 32428	

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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD WILLIAMS, STEVE
2.3 STREET ADDRESS	3979 ROSEWAY AVE.
2.4 CITY-ST-ZIP	SUNNY HILLS, FL. 32428
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD SWAIGART, EDWARD
5.3 STREET ADDRESS	1718 QUINTARA COURT
5.4 CITY-ST-ZIP	SUNNY HILLS, FL. 32428
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: *Frank J. Agiato* - **FRANK J. AGIATO** 2/5/98 850 773-3392

CF2E037 (10/97)