

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **731724** (1)

1. Corporation Name

POINCIANA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business

Mailing Address

**398 S MARIGOLD AVE
POINCIANA FL 34759**

**398 S MARIGOLD AVE
POINCIANA FL 34759**

3. Date Incorporated or Qualified

01/24/1975

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARRINGER, JEFFREY
398 S. MARIGOLD
POINCIANA FL 34758**

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

Jeffrey J. Garringer

3/28/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PALMA, DIXON	
STREET ADDRESS	662 ROYALTY CT.	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VELEZ, JAMIE	
STREET ADDRESS	134 BIANCA	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WAGNER, JOSEPH	
STREET ADDRESS	1041 HERON CT.	
CITY-ST-ZIP	POINCIANA FL 34759	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARRINGER, JEFFREY	
STREET ADDRESS	656 MADRID DR.	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERSTON, HENRY	
STREET ADDRESS	658 BROCKTON	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McGough, Dale	
1.3 STREET ADDRESS	408 Short Dr	
1.4 CITY-ST-ZIP	Poinciana FL 34759	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Woody, Robert	
2.3 STREET ADDRESS	627 Caribou CT	
2.4 CITY-ST-ZIP	Poinciana FL 34759	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sharp, Ernest	
3.3 STREET ADDRESS	305 Clearwater	
3.4 CITY-ST-ZIP	Poinciana FL 34759	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	307 Clearmont Dr	
5.4 CITY-ST-ZIP	Kissimmee FL 34758	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jeffrey J. Garringer

Jeffrey J. Garringer

3/28/96

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933 0237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)