


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 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 # **731724** (1)
1. Corporation Name
POINCIANA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 398 S MARIGOLD AVE POINCIANA FL 34759	Mailing Address 398 S MARIGOLD AVE POINCIANA FL 34759
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/24/1975		3a. Date of Last Report 04/12/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1756736		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24		Country 25		Zip 29		Country 30	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent GARRINGER, JEFFREY 398 S. MARIGOLD POINCIANA FL 34758				10. Name and Address of New Registered Agent 81 Name Gentry, Eric 82 Street Address (P.O. Box Number is Not Acceptable) 307 Clermont Dr 83 84 City Kissimmee FL 85 Zip Code 34758			
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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 **Eric Gentry (President)** **8/9/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGOUGH, DALE			1.2 NAME	Gentry, Eric		
STREET ADDRESS	408 SHORT DRIVE			1.3 STREET ADDRESS	307 Clermont Dr		
CITY-ST-ZIP	POINCIANA FL			1.4 CITY-ST-ZIP	Kissimmee FL 34758		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOODY, ROBERT			2.2 NAME	Miracle, Steve		
STREET ADDRESS	627 CARIBOU CT			2.3 STREET ADDRESS	778 Americana CT		
CITY-ST-ZIP	POINCIANA FL			2.4 CITY-ST-ZIP	Kissimmee FL 34758		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, ERNEST			3.2 NAME	Hoffman, Jerry		
STREET ADDRESS	305 CLEARWATER			3.3 STREET ADDRESS	887 ADAR Dr		
CITY-ST-ZIP	POINCIANA FL			3.4 CITY-ST-ZIP	Kissimmee FL 34758		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARRINGER, JEFFREY			4.2 NAME			
STREET ADDRESS	656 MADRID DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34758			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERSTON, HENRY			5.2 NAME	Berwanger, Ken		
STREET ADDRESS	307 CLERMONT DR			5.3 STREET ADDRESS	118 Bianca CT		
CITY-ST-ZIP	KISSIMMEE FL			5.4 CITY-ST-ZIP	Kissimmee, FL 34758		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 **Eric Gentry (President)** **8/9/97**
SIGNATURE REQUIRED

CR2E037 (4/97)