

FILE NOW: FILING FEE IS \$61.25

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May 19 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 # **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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/24/1975	
4. FEI Number 59-1756736	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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent GENTRY, ERIC 307 CLERMONT DR KISSIMMEE FL 34758

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	PD GENTRY, ERIC 307 CLERMONT DR KISSIMMEE FL	1.1 TITLE	Kirk Biccum PD
NAME		1.2 NAME	3 AMALFI WAY
STREET ADDRESS		1.3 STREET ADDRESS	Kiss FL 34758
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MIRACLE, STEVE 778 AMERICANA CT KISSIMMEE FL	2.1 TITLE	Ramon Gonzalez VO
NAME		2.2 NAME	609 Bay Port DR
STREET ADDRESS		2.3 STREET ADDRESS	Kiss FL 34758
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HOFFMAN, JERRY 887 ADOUR DR KISSIMMEE FL	3.1 TITLE	LORI HILL TD
NAME		3.2 NAME	398 S. Marigold Ave
STREET ADDRESS		3.3 STREET ADDRESS	Kiss FL 34759
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD GARRINGER, JEFFREY 656 MADRID DR. KISSIMMEE FL 34758	4.1 TITLE	James Jablonski SD
NAME		4.2 NAME	577 Oak Branch Cir
STREET ADDRESS		4.3 STREET ADDRESS	Kiss FL 34758
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BERWANGER, KEN 118 BIANCA CT KISSIMMEE FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 5/5/98 941-407-0084

CR2E037 (10/97)