## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

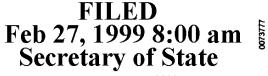
## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 731724**

1. Corporation Name

## POINCIANA VOLUNTEER FIRE DEPARTMENT, INC.



02-27-1999 90096 047 \*\*\*\*61.25

Principal Place	of Business	Mailing Address		
398 S MARIGOLD AVE POINCIANA FL 34759		398 S MARIGOLD AVE POINCIANA FL 34759		
~	المستحيد المستقيد	<del></del>		
0 m 2 m 3 m 4 m		2a. Mailing Address		Date Incorporated or Qualifed
<u> </u>	ace of Business	<b>⊢</b>		01/24/1975
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For
22	r, 0.0.	27		59-1756736 Not Applicable
City & State		City & State		5. Certificate of Status Desired S8.75 Additional
23		28		5. Certificate of Status Desired Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be
24	25	29 30	0	Trust Fund Contribution Added to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
			81 Name	Fran, morgan J.
GENTRY, ERIC			82 Street Add	ress (P.O. Box Number is Not Acceptable)
307 CLERMONT DR			887	Adour Dr.
KISSIMMEE FL 34758			83	immel
			84 City	85 Zip Code
				simmel FL 34759
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	Morgan J. HoFi	Eman May	Land, Hoff	1-6-99
12.		ND DIRECTORS	egistere Agent signajure require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	11TITE D	Casicle 27 TChange Addition
NAME	BICCUM, KIRK		12 NAME	Internal, morgan J.
STREET ADDRESS	3 AMALFI WAY		13 STREET ADDRESS S	ret Adour Wi.
CITY-ST-ZIP	KISSIMMEE FL 34758		1.4 CITY-ST-ZIP	125 FL 34759 KINK BLCDAZ VICE President Thange   Addition
TITLE	VD	☐ DELETE	2.1 TITLE	Addition
NAME	GONZALAZ, RAMON	_	2.2 NAME	Amah Fi way
STREET ADDRESS	609 BAY POST DRIVE		2.3 STREET ADDRESS	AmahFi www
CITY-ST-ZIP	KISSIMMEE FL 34758		2.4 CITY-ST-ZIP	4:55. FL. 34758
TITLE	TD	☐ DELETE	3.1 TITLE	T Care Pe Addition
NAME	HILL, LORI		3.2 NAME 2	ouch, David 194 ALCOLO Dr.
STREET ADDRESS	398 S MERIGOLD AVENUE		3.3 STREET ADDRESS	104 ALCala Or.
CITY-ST-ZIP	KISSIMMEE FL 34759		3.4. CITY-ST-ZIP	Kiss . FL. 3475 8
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JABLOWSKI, JAMES		4. 2 NAME	
STREET ADDRESS	577 OAK BRANCH CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34758		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	Change Addition
NAME	Berwanger, Ken		5.2 NAME	
STREET ADDRESS	118 BIANCA CT		5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	·	5.4 CITY-ST-ZIP	<u> </u>
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME	·	1	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
OFF OF 70	· ·		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, with all other like empowered.

**SIGNATURE:** 

941-427-0088