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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731724

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/24/1975

4. FEI Number

59-1756736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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 HOFFMAN, Morgan J.
82 Street Address (P.O. Box Number is Not Acceptable) 987 Adour Dr.
83 Kissimmee
84 City Kissimmee FL 85 Zip Code 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. Hoffman

Signature, typed or printed name of registered agent and title if applicable.

Morgan J. Hoffman

(NOTE: Registered Agent signature required when reinstating)

1-6-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICCUK, KIRK	
STREET ADDRESS	3 AMALFI WAY	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GONZALAZ, RAMON	
STREET ADDRESS	609 BAY POST DRIVE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILL, LORI	
STREET ADDRESS	398 S MERIGOLD AVENUE	
CITY-ST-ZIP	KISSIMMEE FL 34759	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JABLOWSKI, JAMES	
STREET ADDRESS	577 OAK BRANCH CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERWANGER, KEN	
STREET ADDRESS	118 BIANCA CT	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hoffman, Morgan J.	
1.3 STREET ADDRESS	987 Adour Dr.	
1.4 CITY-ST-ZIP	Kiss. FL. 34759	
2.1 TITLE	Kirk Biccum Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Biccum, Kirk	
2.3 STREET ADDRESS	3 Amalfi Way	
2.4 CITY-ST-ZIP	Kiss. FL. 34758	
3.1 TITLE	Treasure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rouch, David	
3.3 STREET ADDRESS	104 Alcala Dr.	
3.4 CITY-ST-ZIP	Kiss. FL. 34758	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: Morgan J. Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

941-427-0088

Daytime Phone #

CR2E037 (1/198)