

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 # 731759 (7)  
1. Corporation Name  
FLORIDA HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business  
9972 SW 155TH ST  
DUNNELLON FL 34432  
US

Mailing Address  
9972 SW 155TH ST  
DUNNELLON FL 34432  
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1975		3a. Date of Last Report 03/17/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 03-0001220		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAUL, ELIZABETH M. 15845 SW 75TH AVE DUNNELLON FL 34432				81 Name KAY KLINGEL 82 Street Address (P.O. Box Number is Not Acceptable) 10873 SW 152nd PL 83 84 City Dunnellon FL 85 Zip Code 34432			

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 *Kay Klingel* - KAY KLINGEL DATE 2-4-96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POST, FRANK			1.2 NAME	HUNTER, John A		
STREET ADDRESS	9015 SW 155 ST			1.3 STREET ADDRESS	10045 S.W. 153RD Lane		
CITY - ST - ZIP	DUNNELLON FL			1.4 CITY - ST - ZIP	Dunnellon, Fla. 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALTMAN, JAMES R.			2.2 NAME	STAMM Joh		
STREET ADDRESS	10930 SW 156 PL			2.3 STREET ADDRESS	10896 S.W. 155th ST.		
CITY - ST - ZIP	DUNNELLON FL			2.4 CITY - ST - ZIP	Dunnellon, Fla. 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL, ELIZABETH M.			3.2 NAME	GAM STAMM, CHRISTINA		
STREET ADDRESS	15845 SW 75 AVE			3.3 STREET ADDRESS	S.W. 155th ST		
CITY - ST - ZIP	DUNNELLON FL			3.4 CITY - ST - ZIP	Dunnellon Fla. 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLINGEL, KAY			4.2 NAME	KLINGEL, KAY		
STREET ADDRESS	10873 SW 152 PL			4.3 STREET ADDRESS	10873 S.W. 152nd Pl		
CITY - ST - ZIP	DUNNELLON FL			4.4 CITY - ST - ZIP	Dunnellon, Fla 34432	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
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 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: *John A Hunter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-96 (904) 237-6267  
Date Daytime Phone #

CR2E037 (12/95)