


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 08 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 # **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 34432-7030 US
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3. Date Incorporated or Qualified 01/27/1975	3a. Date of Last Report 03/13/1996
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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	4. FEI Number 03-0001220 Applied For 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	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLINGEL, KAY
10873 SW 152ND PLACE
DUNNELLON FL 34432**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUNTER, JOHN A.		1.2 NAME Bullis Evelyn	
STREET ADDRESS 10025 SW 153RD LANE		1.3 STREET ADDRESS 10049 S.W 155TH ST	
CITY-ST-ZIP DUNNELLON FL		1.4 CITY-ST-ZIP DUNNELLON, FLORIDA 34432	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STANN, JON		2.2 NAME POST, FRANK	
STREET ADDRESS 10896 SW 155TH STREET		2.3 STREET ADDRESS 9015 SW 155TH ST	
CITY-ST-ZIP DUNNELLON FL		2.4 CITY-ST-ZIP DUNNELLON, FLORIDA 34432	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAMM, CHRISTINA		3.2 NAME JONES, JANICE M. "JAN"	
STREET ADDRESS 10896 SW 155TH STREET		3.3 STREET ADDRESS 10049 SW 155TH ST	
CITY-ST-ZIP DUNNELLON FL		3.4 CITY-ST-ZIP DUNNELLON, FLORIDA 34432	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLINGEL, KAY		4.2 NAME	
STREET ADDRESS 10873 SW 152 PL		4.3 STREET ADDRESS	
CITY-ST-ZIP DUNNELLON FL		4.4 CITY-ST-ZIP	
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 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.

CP2E037 (9/96)