


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90020 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731759					
1. Corporation Name FLORIDA HIGHLANDS VOLUNTEER FIRE DEPARTMENT, INC					
Principal Place of Business 9972 SW 155TH ST DUNNELLO FL 34432 US			Mailing Address 9972 SW 155TH ST DUNNELLO FL 34432 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/27/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		03-0001220	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DOROTHY ZILBERMAN 11090 SW 150TH ST. DUNNELLO FL 34432				81 Name Donald W Smith JR			
				82 Street Address (P.O. Box Number is Not Acceptable) 8392 SW 147 LN			
				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 Donald W Smith Jr Donald W Smith Jr (treasurer) 1-29-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	Same	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEPHENIE SMITH		1.2 NAME				
STREET ADDRESS	8392 SW 147TH LN.		1.3 STREET ADDRESS				
CITY-ST-ZIP	DUNNELLO FL 34432		1.4 CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DONALD SMITH JR.		2.2 NAME	Liz Hosking			
STREET ADDRESS	8392 SW 147TH LN.		2.3 STREET ADDRESS	11795 146 PL			
CITY-ST-ZIP	DUNNELLO FL 34432		2.4 CITY-ST-ZIP	Dunnellon FL 34432			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DOROTHY ZILBERMAN		3.2 NAME	Donald W. Smith Jr			
STREET ADDRESS	11090 SW 150TH ST.		3.3 STREET ADDRESS	8392 SW 147 LN			
CITY-ST-ZIP	DUNNELLO FL 34432		3.4 CITY-ST-ZIP	Dunnellon FL 34432			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAMMY HUNTER		4.2 NAME	Ken Hosking			
STREET ADDRESS	10025 SW 153RD LN		4.3 STREET ADDRESS	11795 146 PL			
CITY-ST-ZIP	DUNNELLO FL 34432		4.4 CITY-ST-ZIP	Dunnellon FL 34432			
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 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: Donald W Smith Jr 1-29-99 873-1745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)