


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732967 (5)**  
 1. Corporation Name  
**HERNANDO HIGH POINT VOLUNTEER FIRE DEPARTMENT, I NC.**



Principal Place of Business <b>8008 BALTIC STREET BROOKSVILLE FL 34613</b>	Mailing Address <b>8008 BALTIC STREET HIGH POINT BROOKSVILLE FL 34613 US</b>
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3. Date Incorporated or Qualified <b>06/06/1975</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number <b>51-0166553</b>	

2. Principal Place of Business 21 <b>same as above</b>	2a. Mailing Address 26 <b>same as above</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KNETL, CHARLES E.  
8473 HIGH POINT BLVD.  
BROOKSVILLE FL 34613**

10. Name and Address of New Registered Agent

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

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 <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GERKE, LAWRENCE</b>		1.2 NAME <b>JACKSON, ERNIE</b>	
STREET ADDRESS <b>7390 NIELSON AVE.</b>		1.3 STREET ADDRESS <b>7436 Nielson Ave.</b>	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		1.4 CITY-ST-ZIP <b>Brooksville, Fl., 34613</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JACKSON, ERNIE</b>		2.2 NAME <b>Jay Eick</b>	
STREET ADDRESS <b>7436 NIELSON AVE.</b>		2.3 STREET ADDRESS <b>7463 Nielson Ave.</b>	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		2.4 CITY-ST-ZIP <b>Brooksville, Fl., 34613</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUNNINGHAM, PATRICIA</b>		3.2 NAME	
STREET ADDRESS <b>8134 EAGLE DRIVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KNETL, CHARLES</b>		4.2 NAME	
STREET ADDRESS <b>8473 HIGH POINT BLVD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CECH, JOE</b>		5.2 NAME	
STREET ADDRESS <b>8186 STOCKHOLM ST.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAGAN, JOHN</b>		6.2 NAME	
STREET ADDRESS <b>8144 EAGLE DRIVE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>BROOKSVILLE FL</b>		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)(f), 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: Charles E. Knetl, Secy. January 7, 1998

CR2E037 (10/97)