

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Merlham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **736996** (0)
1. Corporation Name

DEER RUN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 4700 DEER RUN ROAD ST. CLOUD FL 34772	Mailing Address 4700 DEER RUN ROAD ST. CLOUD FL 34772
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4700 Deer Run Rd Suite, Apt. #, etc. 22		2a. Mailing Address 26 4700 Deer Run Rd Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/08/1976		3a. Date of Last Report 02/12/1996	
23 St. Cloud FL City & State 24 34772 Zip 25 USA Country		28 St. Cloud FL City & State 29 34772 Zip 30 USA Country		4. FEI Number 59-6000780		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 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

10. Name and Address of New Registered Agent

**WHITFIELD, ROY F. JR.
3525 RAMBLER AVENUE
ST. CLOUD FL 34772**

81 Name Ron Cooke
82 Street Address (P.O. Box Number is Not Acceptable) 3981 Hickory Tree Rd
83
84 City St. Cloud
85 Zip Code FL 34772

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


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

Ron Cooke, Chief

7/24/97

(NOTE: Registered Agent signature required when reinstating)

DAY

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	TD
STREET ADDRESS		3.3 STREET ADDRESS	Melissa D. Vice
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4530 Kaiser Ave.
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	AVD
STREET ADDRESS		4.3 STREET ADDRESS	Ron Cooke
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3981 Hickory Tree Rd.
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	300002275393
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-08/25/97--01012--007
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	***61.25
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 its receiver, 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 in an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/24/97/40892-2005

CR2E037 (4/97)