

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739270** (7)
1. Corporation Name

ELLISVILLE VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business RT 3 BOX 162-A U.S. 41-441 S. LAKE CITY FL 32025 US	Mailing Address RT 3 BOX 162-A U.S. 41-441 S. LAKE CITY FL 32025 US 32025
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3. Date Incorporated or Qualified 06/06/1977	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-3010553	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

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
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent BAILEY, EMORY L RT 3 BOX 161B LAKE CITY FL 32025 32025
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 Emory L. Bailey Emory L. Bailey 4-29-98
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME BAILEY, EMORY L.	
STREET ADDRESS RT 3, BOX 161B, US 41 S	
CITY-ST-ZIP LAKE CITY, FL 32025 32025	
TITLE VP	<input type="checkbox"/> DELETE
NAME ARNOLD, LANCE J	
STREET ADDRESS RT 3 BOX 236 C	
CITY-ST-ZIP LAKE CITY FL 32025	
TITLE S	<input type="checkbox"/> DELETE
NAME BAILEY, STEPHEN E	
STREET ADDRESS RT3 BOX 161 B	
CITY-ST-ZIP LAKE CITY FL 32025	
TITLE T	<input type="checkbox"/> DELETE
NAME MENGEREN, ALFRED J	
STREET ADDRESS RT.3 BOX 234-B	
CITY-ST-ZIP LAKE CITY FL 32058	
TITLE D	<input type="checkbox"/> DELETE
NAME WITT, TOBY	
STREET ADDRESS RT. 3 BOX 3132	
CITY-ST-ZIP LAKE CITY FL 32025	
TITLE D	<input type="checkbox"/> DELETE
NAME FEAGLE, CLINE T	
STREET ADDRESS RT3 BOX 120	
CITY-ST-ZIP LAKE CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE Emory L. Bailey 4-29-98 944-73-1224

CP2E037 (10/97)