


FILE NOW: FILING FEE IS \$61.25

FILED
May 15 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 # **739622** (9)
1. Corporation Name
THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business P.O. BOX 172 FRUITLAND PARK FL 34731	Mailing Address P.O. BOX 172 FRUITLAND PARK FL 34731-0172
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1977		3a. Date of Last Report 07/16/1996	
21		26		4. FEI Number 59-1756723		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		29		30			
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent JOHNSON, CHARLES D 907 WEBSTER STREET LEESBURG FL 34748				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			
				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	S	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, KIM			1.2 NAME	Ullery, Barbara		
STREET ADDRESS	1221 OSCEOLA AVE.			1.3 STREET ADDRESS	7787 CR 109		
CITY-ST-ZIP	LEESBURG FL 34748			1.4 CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE	VP/D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TILLERY, WILLIAM			2.2 NAME			
STREET ADDRESS	1922 S. FERN CIR			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			2.4 CITY-ST-ZIP			
TITLE	P/D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMBLE, BRIAN			3.2 NAME			
STREET ADDRESS	837 BERRYHILL CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FRUITLAND PARK FL 34731			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFFMAN, DAVID			4.2 NAME	Ullery, Larry		
STREET ADDRESS	1208 N. LEE ST. LOT 168			4.3 STREET ADDRESS	7787 CR 109		
CITY-ST-ZIP	LEESBURG FL 34748			4.4 CITY-ST-ZIP	Lady Lake, FL 32159		
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.

SIGNATURE: Barbara Ullery **Barbara Ullery** 4-25-97 750-4424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)