

FILE NOW: FILING FEE IS \$61.25

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98 JUN -5 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739622 (9)
1. Corporation Name
THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business Mailing Address
P.O. BOX 172 FRUITLAND PARK FL 34731 P.O. BOX 172 FRUITLAND PARK FL 34731

3. Date Incorporated or Qualified 07/11/1977
4. FEI Number 59-1756723 Applied For Not Applicable

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

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

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 FL 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

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ULLERY, BARBARA	
STREET ADDRESS	7787 CR 109	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	TILLERY, WILLIAM	
STREET ADDRESS	1922 S. FERN CIR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	P/D	<input type="checkbox"/> DELETE
NAME	GAMBLE, BRIAN	
STREET ADDRESS	637 BERRYHILL CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ULLERY, LARRY	
STREET ADDRESS	7787 CR 109	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME	800002553618-8	
STREET ADDRESS	-06/09/98--01114--013	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRES. / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRIAN SHEPPARD	
2.3 STREET ADDRESS	02505 SPRING LAKE Rd.	
2.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
3.1 TITLE	TREASURER / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUMNER EDWARDS	
3.3 STREET ADDRESS	306 W. HERMOSA ST.	
3.4 CITY-ST-ZIP	LADY LAKE, FL 32159	
4.1 TITLE	SECRETARY / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KIM SHAFFER	
4.3 STREET ADDRESS	40255 ORANGE CIRCLE	
4.4 CITY-ST-ZIP	LADY LAKE FL 32159	
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: *Brian Gamble* BRIAN GAMBLE 4-28-98 352-898-4254

CP2E037 (10/97)