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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 744552 (1)

1. Corporation Name
ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179
5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179-3247

3. Date incorporated or Qualified 10/12/1978
3a. Date of Last Report 02/29/1996
4. FEI Number 59-2635563
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
SKELLY, HELEN T
6670 S.E. 171ST CT.
OCKLAWAHA FL 32179

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, KENNETH C	1.2 NAME	
STREET ADDRESS	3023 147TH TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKELLY, HELEN	2.2 NAME	
STREET ADDRESS	6670 SE 171 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYETTE, DONNA	3.2 NAME	
STREET ADDRESS	2424 NE 145TH AVE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RATHMAN, ARTHUR	4.2 NAME	Ronald Simioneau
STREET ADDRESS	1179 SE 159 TERR	4.3 STREET ADDRESS	1866 S SE 53 PL
CITY-ST-ZIP	SILVER SPRINGS FL	4.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNE, KIMBERLY	5.2 NAME	William Vinyard
STREET ADDRESS	6698 SE 171 CT.	5.3 STREET ADDRESS	18375 SE 22 PL
CITY-ST-ZIP	OCKLAWAHA FL 32179	5.4 CITY-ST-ZIP	Silver Springs, FL 34488
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, JAMES	6.2 NAME	Skelly, Romauld M.
STREET ADDRESS	19070 SE 96 ST.	6.3 STREET ADDRESS	6670 SE 171 CT
CITY-ST-ZIP	OCKLAWAHA FL 32179	6.4 CITY-ST-ZIP	OCKLAWAHA, FL 32179

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: *Helen Skelly* President 1-26-97 (852) 625-4287

CR2E037 (9/96)