

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749597 (1)**  
1. Corporation Name  
**SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.**



Principal Place of Business <b>602 LIGHTFOOT RD. WIMAUMA FL 33598</b>	Mailing Address <b>602 LIGHTFOOT RD. WIMAUMA FL 33598-7514</b>
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3. Date Incorporated or Qualified <b>10/31/1979</b>	3a. Date of Last Report <b>04/30/1996</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

4. FEI Number <b>59-1983825</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FERRIS GARRETT  
602 LIGHTFOOT ROAD  
WIMAUMA FL 33598**

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

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	<b>DV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCDOWELL, BONNIE</b>	
STREET ADDRESS	<b>3323 RIDEG ROAD</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>FETHERSTON, ISABELLE</b>	
STREET ADDRESS	<b>1205 BUTCH CASSIDY TRAIL</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARRETT, FERRIS</b>	
STREET ADDRESS	<b>1225 BUTCH CASSIDY TRAIL</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLOYD, MARY</b>	
STREET ADDRESS	<b>812 LIGHTFOOT ROAD</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENLEE, RALPH</b>	
STREET ADDRESS	<b>2222 BUTCH CASSIDY TRAIL</b>	
CITY-ST-ZIP	<b>WIMAUMA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DV LAMBERTI, JACOB</b>
1.3 STREET ADDRESS	<b>3127 TIMBERLEE ROAD</b>
1.4 CITY-ST-ZIP	<b>WIMAUMA, FL 33598</b>
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>DT MIZE, FRANK</b>
4.3 STREET ADDRESS	<b>3315 ARROWSMITH ROAD</b>
4.4 CITY-ST-ZIP	<b>WIMAUMA, FL 33598</b>
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 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: Sandra B. Mortham **5/2/97 (813) 276-8354**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048788

CR2E037 (9/96)