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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90132 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749597

1. Corporation Name
SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.

Principal Place of Business 602 LIGHTFOOT RD. WIMAUMA FL 33598	Mailing Address 602 LIGHTFOOT RD. WIMAUMA FL 33598
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/31/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1983825
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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)		
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERTI, JACOB	1.2 NAME	
STREET ADDRESS	3127 TIMBERLEE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FETHERSTON, ISABELLE	2.2 NAME	
STREET ADDRESS	1205 BUTCH CASSIDY TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, FERRIS	3.2 NAME	
STREET ADDRESS	1225 BUTCH CASSIDY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIZE, FRANK	4.2 NAME	
STREET ADDRESS	3315 ARROWSMITH RD	4.3 STREET ADDRESS	DT LENT ARTHUR
CITY-ST-ZIP	WIMAUMA FL	4.4 CITY-ST-ZIP	1001 SILVER SPURS COURT WIMAUMA FL 33598
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTOLD, RAY	5.2 NAME	
STREET ADDRESS	704 SUNDANCE TRL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WIMAUMA FL 33598	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 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, with all other like empowered.

SIGNATURE: FERRIS GARRETT DATE: 2/12/99 DAYTIME PHONE #: 813-276-8354

CR2E037 (1/98)