

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **751582** (8)
1. Corporation Name
HAMMOCK COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business 67 MALA COMPRA RD. P.O. BOX 750 FLAGLER BEACH FL 32136	Mailing Address 67 MALA COMPRA RD. P.O. BOX 750 FLAGLER BEACH FL 32136
--	--

3. Date Incorporated or Qualified 03/18/1980	
4. FEI Number 59-6000605	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

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

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

9. Name and Address of Current Registered Agent

**SCHATZ, JERRALD
5992 OCEANSHORE BLVD.
HAMMOCK FL 32137**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/13/98
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD HOUSER, CHEYENNE
STREET ADDRESS	13 ARMAND BEACH
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D CAYLER, WILLIAM
STREET ADDRESS	32 CHEROKEE AVE.
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D METTEE, HAL
STREET ADDRESS	57 FLAGLER DR.
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HADEED, ALBERT
STREET ADDRESS	6 OCEAN VISTA LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	VT LANE, THERESA
STREET ADDRESS	89 JOHNSON BEACH WAY
CITY-ST-ZIP	PALM COAST FL
TITLE	<input type="checkbox"/> DELETE
NAME	S LANE, THERESA
STREET ADDRESS	89 JOHNSON BEACH WAY
CITY-ST-ZIP	PALM COAST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

[Signature]
SIGNATURE AND TITLE OF REGISTERED AGENT OR BOARDING OFFICER OR DIRECTOR

4/13/98 (04) 446-6732

CR2E037 (10/97)