

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 22 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 # 752933 (2)**  
 1. Corporation Name  
**SAND HILLS VOLUNTEER FIRE DEPARTMENT, INCORPORATED**



Principal Place of Business: 12711 HWY. 77, SOUTHPORT FL 32409-8113, US  
 Mailing Address: 12711 HWY. 77, SOUTHPORT FL 32409-8113, US

3. Date Incorporated or Qualified: **06/13/1980**

4. FEI Number: **59-6000512**  
 Applied For:  Not Applicable:

2. Principal Place of Business: 21  
 2a. Mailing Address: 26

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

Suite, Apt. #, etc.: 22  
 Suite, Apt. #, etc.: 27

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

City & State: 23  
 City & State: 28

7. Is this nonprofit corporation a homeowners association?  Yes  No

Zip: 24  
 Country: 25  
 Zip: 29  
 Country: 30

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  
**HOLMAN, EDITHE S**  
**13816 FIDDLERS GREEN RD**  
**SOUTHPORT FL 32409-5147**

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 **FL**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JOHN F	1.2 NAME	SUGGS, Amsie M., JR
STREET ADDRESS	802 VIRGINIA AVE	1.3 STREET ADDRESS	1211 Tashanna Lane
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	Southport, FL. 32409
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGG, BOBBY L	2.2 NAME	JED, VICTOR
STREET ADDRESS	1104 SPIKES RD	2.3 STREET ADDRESS	400 JOSEPH CIRCLE
CITY-ST-ZIP	SOUTHPORT FL 32409	2.4 CITY-ST-ZIP	SOUTHPORT, FL. 32409
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNEST, DANNY	3.2 NAME	
STREET ADDRESS	521 JOSEPH CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHPORT FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, EDITH S	4.2 NAME	
STREET ADDRESS	13816 FIDDLERS GREEN RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHPORT FL 32409	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Edith S. Holman **REQUIRED** 6 Jan. '98 850 265-9175

CH2E037 (10/97)