

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90066 012 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753137

1. Corporation Name

THE HOLDEN HEIGHTS VOLUNTEER FIRE DEPARTMENT, IN
C.

Principal Place of Business

C/O JAMES R. KASPER
1330 W MICHIGAN ST.
ORLANDO FL 32805

Mailing Address

C/O JAMES R. KASPER
1330 W MICHIGAN ST.
ORLANDO FL 32805



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2042570	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

KASPER, JAMES R.
1330 W MICHIGAN
ORLANDO FL 32805

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KASPER, JAMES R	1.2 NAME	
STREET ADDRESS	1330 W MICHIGAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MITCHELL, CHARLENE	2.2 NAME	
STREET ADDRESS	1229 W 29TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	SCHNOEBELEN, RALPH	3.2 NAME	
STREET ADDRESS	2110 S. ORANGE BL. TRL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	SNOEBLEN, JACQUOLYN	4.2 NAME	
STREET ADDRESS	1316 W. KALEY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	EVANS, JIM	5.2 NAME	
STREET ADDRESS	2501 S ORANGE BL TRL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	SHARGAA, IRWIN	6.2 NAME	
STREET ADDRESS	3919 VENICE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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)(l), 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 *Jacquelyn Snoebelen*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-99 (407) 843-9211

Date

Daytime Phone #

CR2E037 (11/98)