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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 2:09

DOCUMENT # 755748 (1)

1. Corporation Name
MYAKKA VALLEY VOLUNTEER FIRE FIGHTER ASSOCIATION, INC.

Principal Place of Business Mailing Address
7232 MYAKKA VALLEY TRAIL SARASOTA FL 34241 US
7287 MYAKKA VALLEY TR SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 03/23/1994
4. FEI Number 59-2055724	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**HOLDEN, DWIGHT
7287 MYAKKA VALLEY TRAIL
SARASOTA FL 34241**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOLDEN, DWIGHT L. 7282 MYAKKA VALLEY TRAIL SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, HOWARD L. 6474 KICKAPOO RD. SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAYNE, BENDEL BT-1 BOX 74-10 SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNT, HENRY 13207 SR 723 SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERSUSON, CINDY 6474 KICKAPOO RD. SARASOTA, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TD JOHN R DEEK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6374 SINGLETREE TR SARASOTA FL 34241
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRANT ROSENSTIEL 6952 KICKAPOO RD SARASOTA FL 34241
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DOLORES BANNERMAN 5761 VANDERPIPE RD SARASOTA FL 34241
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dwight L. Holden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DWIGHT L. HOLDEN

2/5/95
813-924-8567