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97 SEP 15 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 755748
1. Corporation Name
MYAKKA VALLEY VOLUNTEER FIRE FIGHTERS INC.

Principal Place of Business Mailing Address
7232 MYAKKA VALLEY TR SARASOTA FL 34241 **4112 COCHISE TERR SARASOTA FL 34233**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		59-2055724		1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	
34233		SARASOTA		34233		SARASOTA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Dwight L. Holden 7287 MYAKKA VALLEY TR SARASOTA FL 34241				81 Name DWIGHT L. HOLDEN			
				82 Street Address (P.O. Box Number is Not Acceptable) 4112 COCHISE TERR			
				83			
				84 City SARASOTA FL 85 Zip Code 34233			

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 DWIGHT L. HOLDEN Dwight L. Holden 7/14/97
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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PRES	NAME	RON HUTCHINS	1.1 TITLE		1.2 NAME	
STREET ADDRESS	5550 VANDERBILT RD	CITY-ST-ZIP	SARASOTA FL 34241	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
TITLE	VP	NAME	HENRY HUNT	2.1 TITLE		2.2 NAME	
STREET ADDRESS	18207 SR 72	CITY-ST-ZIP	SARASOTA FL 34241	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	SECRETARY	NAME	DOLores BANNERMAN	3.1 TITLE		3.2 NAME	
STREET ADDRESS	5261 VANDERBILT RD	CITY-ST-ZIP	SARASOTA FL 34241	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	TREAS	NAME	KENNETH SKEL	4.1 TITLE		4.2 NAME	
STREET ADDRESS	5730 HOWARD CR RD	CITY-ST-ZIP	SARASOTA FL 34241	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	DIR	NAME	JOHN PEAK	5.1 TITLE		5.2 NAME	
STREET ADDRESS	6314 SINDLETREE TR	CITY-ST-ZIP	SARASOTA FL 34241	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE	DIR	NAME	DWIGHT L. HOLDEN	6.1 TITLE		6.2 NAME	
STREET ADDRESS	4112 COCHISE TERR	CITY-ST-ZIP	SARASOTA FL 34233	6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I do 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: DWIGHT L. HOLDEN Dwight L. Holden 7/14/97 941-944-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)