

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755748 (1)  
1. Corporation Name  
MYAKKA VALLEY VOLUNTEER FIRE FIGHTER ASSOCIATION, INC.



Principal Place of Business 7232 MYAKKA VALLEY TRAIL SARASOTA FL 34241 US	Mailing Address 4112 COCHISE TEAK SARASOTA FL 34233
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3. Date Incorporated or Qualified 12/31/1980	
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 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
Country 25	Zip 29
Country 29	Country 30

9. Name and Address of Current Registered Agent HOLDEN, DWIGHT L 4112 COCHISE TERRACE SARASOTA FL 34233	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
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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: *Leslie Fortune* DATE: 3-25-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINS, RON	1.2 NAME	
STREET ADDRESS	6350 VANDERIDE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treasurer/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNT, HENRY	2.2 NAME	Fortune, Leslie
STREET ADDRESS	13707 S R 72	2.3 STREET ADDRESS	5240 Myakka Valley Tr
CITY-ST-ZIP	SARASOTA FL 34241	2.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNERMAN, DOLORES	3.2 NAME	
STREET ADDRESS	5261 VANDERIDE ROAD	3.3 STREET ADDRESS	5261 Vanderipe Rd.
CITY-ST-ZIP	SARASOTA FL 34241	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	Director Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEL, KENNETH	4.2 NAME	
STREET ADDRESS	6430 HOWARD CR. RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34241	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEEK, JOHN	5.2 NAME	Ferry, Gary
STREET ADDRESS	6374 SINGLETREE TRAIL	5.3 STREET ADDRESS	6683 Old Ranch Rd,
CITY-ST-ZIP	SARASOTA FL 34241	5.4 CITY-ST-ZIP	Sarasota, FL 34241
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOLDEN, DWIGHT L	6.2 NAME	
STREET ADDRESS	4112 COCHISE TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	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]* DATE: 3-25-98

CR2E037 (10/97)