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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90111 002 ****61.25

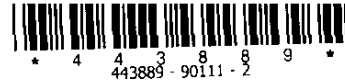
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755748

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

Principal Place of Business 5240 MYAKKA VALLEY TRAIL SARASOTA FL 34241 US	Mailing Address 4112 COCHISE TEAK SARASOTA FL 34233
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2. Principal Place of Business 21	2a. Mailing Address 26 5240 Myakka Valley Tr.	3. Date Incorporated or Qualified 12/31/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2055724
City & State 23	City & State Sarasota, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 34241	Country 30 Sarasota	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FORTUNE, LESLIE 5240 MYAKKA VALLEY TRAIL SARASOTA FL 34233				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: *Leslie Fortune* DATE: **4/22/99**

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 / ND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINS, RON		1.2 NAME		
STREET ADDRESS	5350 VANDERIDE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNE, LESLIE		2.2 NAME		
STREET ADDRESS	5240 MYAKKA VALLEY TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANNERMAN, DOLORES		3.2 NAME		
STREET ADDRESS	5261 VANDERIFE RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKEL, KENNETH		4.2 NAME		
STREET ADDRESS	5430 HOWARD CR. RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, GARY		5.2 NAME		
STREET ADDRESS	6683 OLD RANCH RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34241		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	VP Roberts, Mark	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	7839 Saddle Creek Trail	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Sarasota FL 34241	

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, with all other like empowered.

SIGNATURE: *Leslie Fortune* DATE: **4-22-99** DAYTIME PHONE #: **9223553**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)