


FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 760090 (1)</b> 1. Corporation Name <b>DEEP CREEK VOLUNTEER FIRE DEPARTMENT, INC.</b>					
Principal Place of Business <b>US 441 NORTH LAKE CITY FL 32055</b>			Mailing Address <b>RT 1, BOX 152-A2 LAKE CITY FL 32055</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified <b>09/18/1981</b>			4. FEI Number <b>NOT APPLICABLE</b>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
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		
9. Name and Address of Current Registered Agent <b>THOMAS, SHERRIE G RT 1, BOX 152-A2 LAKE CITY FL 32055</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, SHERRIE G		1.2 NAME		
STREET ADDRESS	RT 1, BOX 152-A2		1.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL 32055		1.4 CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, ARNESS J		2.2 NAME		
STREET ADDRESS	RT 1 BOX 152-A2		2.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY, FL 00000		2.4 CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ROGER		3.2 NAME		
STREET ADDRESS	RT 1 BOX 194		3.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ROGER		4.2 NAME		
STREET ADDRESS	RT 1 BOX 194		4.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, JUSTIN L		5.2 NAME		
STREET ADDRESS	RT. 1 BOX 153, US 441 N		5.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY FL 32055		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, STEVEN		6.2 NAME		
STREET ADDRESS	RT 1 BOX 195		6.3 STREET ADDRESS		
CITY - ST - ZIP	LAKE CITY 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)(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: <i>Sherrie G Thomas Sec/Treas.</i>			Date: <b>4-30-98</b> Daytime Phone: <b>904-758-1139</b>		

CR2E037 (10/97)