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Secretary of State

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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 # 760090

1. Corporation Name

DEEP CREEK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

US 441 NORTH
LAKE CITY FL 32055

Mailing Address

RT 1, BOX 152-A2
LAKE CITY FL 32055



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/18/1981 4. FEI Number 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
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9. Name and Address of Current Registered Agent

THOMAS, SHERRIE G
RT 1, BOX 152-A2
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, STEVEN	6.2 NAME	director
STREET ADDRESS	RT 1 BOX 195	6.3 STREET ADDRESS	cristine Norris
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	RT 1 Box 19 LAKE CITY FL 32055

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 only in attachment with an address, with all other like empowered.

SIGNATURE: *Sherrrie G Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99

(904) 758-1139

CR2E037 (11/98)