

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

8-6-98 B 8169 NC

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762373 (9)
 1. Corporation Name
DORCAS FIRE DISTRICT, INC.



Principal Place of Business 5871 HWY 393 CRESTVIEW FL 32539 US	Mailing Address 5871 HWY 393 CRESTVIEW FL 32539 US
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3. Date Incorporated or Qualified
03/10/1982

4. FEI Number 59-2367539	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WARD, CHARLES D
 4171 LAKEVIEW DRIVE
 CRESTVIEW FL 32539**

10. Name and Address of New Registered Agent

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

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 617.0303, Florida Statutes.

SIGNATURE: Charles D. Ward Charles D. Ward DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	WARD, CHARLES D
STREET ADDRESS	4171 LAKEVIEW DR
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	T <input type="checkbox"/> DELETE
NAME	CALLAHAN, ROBERT C
STREET ADDRESS	8560 MT OLIVE RD
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input type="checkbox"/> DELETE
NAME	CREWS, CURTIS E
STREET ADDRESS	4017 BEAR CREEK RD
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input type="checkbox"/> DELETE
NAME	BOWDEN, DANIEL J
STREET ADDRESS	4343 JACK POWELL RD
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	T <input type="checkbox"/> DELETE
NAME	DETLLOFF, FRANK R
STREET ADDRESS	8631 MT OLIVE RD
CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	D <input type="checkbox"/> DELETE
NAME	JURECZKI, DANIEL
STREET ADDRESS	8612 MOUNT OLIVE RD
CITY-ST-ZIP	CRESTVIEW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	No Change
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	No Change
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	No Change
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	No Change
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	No Change
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	No Change
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)(l), 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: Charles D. Ward **2/30/98** **(850)682-5617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)