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Apr 27, 1999 8:00 am
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04-27-1999 90152 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 764361 1. Corporation Name THE ENSLEY FIRE DEPARTMENT, INCORPORATED					
Principal Place of Business 8634 PENSACOLA BLVD. PENSACOLA FL 32534-3326 US			Mailing Address PO BOX 7071 PENSACOLA FL 32534-7071 US		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/29/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2455236	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SLOVER, DAVID M.
 10750 TARA-DAWN CIR.
 PENSACOLA FL 32514

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	CD	DELETE		1.1 TITLE	PD	Change	Addition
NAME	SLOVER, D. M.			1.2 NAME	HATCH, Christopher L		
STREET ADDRESS	10750 TARA-DAWN CIR.			1.3 STREET ADDRESS	1311 EAGLE DR		
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP	CANTONMENT, FL 32535		
TITLE	SD	DELETE		2.1 TITLE	CD	Change	Addition
NAME	BROWN, RICHARD L			2.2 NAME	Drexler, Dana		
STREET ADDRESS	10935 CHEMSTRAND RD			2.3 STREET ADDRESS	2621 BROOME CIR		
CITY-ST-ZIP	PENSACOLA FL 32514			2.4 CITY-ST-ZIP	CANTONMENT, FL 32533		
TITLE	PD	DELETE		3.1 TITLE	VD	Change	Addition
NAME	DREXLER, DANA			3.2 NAME	BEECHER, BRANDON		
STREET ADDRESS	2621 BROOME CIR			3.3 STREET ADDRESS	7906 ROUSE DR		
CITY-ST-ZIP	CANTONMENT FL			3.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	TD	DELETE		4.1 TITLE	SD	Change	Addition
NAME	BROWN, RODNEY			4.2 NAME	BASS, Kenneth		
STREET ADDRESS	2152 E KINGSFIELD RD			4.3 STREET ADDRESS	7906 ROUSE DR		
CITY-ST-ZIP	PENSACOLA FL 32534			4.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	VD	DELETE		5.1 TITLE	TD	Change	Addition
NAME	BEECHER, BRANDON			5.2 NAME	WILLIAMS, JON P		
STREET ADDRESS	9345 CHISHOLM RD			5.3 STREET ADDRESS	BUS VALLEY Ridge Cir		
CITY-ST-ZIP	PENSACOLA FL 32514			5.4 CITY-ST-ZIP	PENSACOLA, FL 32514		
TITLE	TD	DELETE		6.1 TITLE	TD	Change	Addition
NAME	WILLIAMS, JON P.			6.2 NAME	Maxwell, Ryan		
STREET ADDRESS	8385 LAWTON ST.			6.3 STREET ADDRESS	8661 Redwing Dr		
CITY-ST-ZIP	PENSACOLA FL			6.4 CITY-ST-ZIP	PENSACOLA, FL 32514		

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: HATCH, Christopher L 27 Feb 1999 850-475-5550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)