


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

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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 # 765547 (5)
1. Corporation Name
FT. MCCOY/EUREKA VOLUNTEER FIRE AUXILIARY, INC.



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| Principal Place of Business FT MCCOY EUREKA VOL. FIRE AUXILIARY 13150 E HWY 318 FT MCCOY FL 32134 US | Mailing Address FT MCCOY EUREKA VOL. FIRE AUXILIARY 13150 E HWY 318 FT MCCOY FL 32134 US |
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| 3. Date Incorporated or Qualified 10/26/1982 | Applied For <input type="checkbox"/> Not Applicable |
| 4. FEI Number 26-2442619 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No | |

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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 9. Name and Address of Current Registered Agent WILLIAMS, JOANN, W 15055 NE 144TH ST FT MCCOY FL 32134 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 | VTD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREER, RUBY | 1.2 NAME | |
| STREET ADDRESS | 8530 SW 155 ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DUNNELLON FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COX, JOE ANN | 2.2 NAME | |
| STREET ADDRESS | 15054 NE 144ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MCCOY FL | 2.4 CITY-ST-ZIP | |
| TITLE | PS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, JOANN W. | 3.2 NAME | |
| STREET ADDRESS | 15055 N.E. 144TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. MCCOY FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDBECKER, JUNE | 4.2 NAME | |
| STREET ADDRESS | 15150 NE 144TH LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MCCOY FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARLIE, EDITH | 5.2 NAME | Dolly Campbell |
| STREET ADDRESS | 8303 N.E. 148TH TERRACE ROAD | 5.3 STREET ADDRESS | 15950 NE HIGHWAY 315 |
| CITY-ST-ZIP | FT. MCCOY FL | 5.4 CITY-ST-ZIP | P.O. Box 396 FT McCoy, FL 32134 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Joann Williams* *April 1/1998* *352-2364484*

CR2E037 (10/97)