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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 # 770654

1. Corporation Name

MCALPIN VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 87
MCALPIN FL 32062

POST OFFICE BOX 87
MCALPIN FL 32062



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State MCALPIN FLA- 23 Zip 32062 Country SUWANNEE 24		2a. Mailing Address 26 P.O. BOX 87 27 Suite, Apt. #, etc. MCALPIN FLA. 28 City & State 29 Zip 32062 Country SUWANNEE 30		3. Date Incorporated or Qualified 10/10/1983 4. FEI Number 59-2859721 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HAAS, PAUL M 18802 105TH RD MCALPIN FL 33062				10. Name and Address of New Registered Agent 81 Name JAMES C. THOMPSON JR. 82 Street Address (P.O. Box Number is Not Acceptable) RT 3 BOX 327-9500 HWY 252 E - 83 84 City MCALPIN- FL 85 Zip Code 32062	
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 JAMES C. THOMPSON JR. DATE 2-12-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
12. OFFICERS AND DIRECTORS TITLE PD <input checked="" type="checkbox"/> DELETE NAME HAAS, PAUL M. STREET ADDRESS 18862 105 RD CITY-ST-ZIP MCALPIN FL TITLE DVST <input type="checkbox"/> DELETE NAME THOMPSON, JAMES C STREET ADDRESS P.O. BOX 180 17828 HWY 129 SOUTH CITY-ST-ZIP MCALPIN FL TITLE D <input checked="" type="checkbox"/> DELETE NAME THOMPSON, JR. JAMES C. STREET ADDRESS RT 3 BOX 327 9500 HWY 252 E CITY-ST-ZIP LIVE OAK FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME JAMES C. THOMPSON JR. 1.3 STREET ADDRESS RT 3 BOX 327-9500 HWY 252 E - 1.4 CITY-ST-ZIP MCALPIN FLA. 2.1 TITLE DVST <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JAMES C. THOMPSON 2.3 STREET ADDRESS P.O. BOX 180-17828 HWY 129 SOUTH 2.4 CITY-ST-ZIP MCALPIN FL. 3.1 TITLE CARL DOUGLAS JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 11712 156th ST 3.4 CITY-ST-ZIP MCALPIN FLA. 32062 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **JAMES C. THOMPSON JR.** DATE **2/26/99** DAYTIME PHONE # **904-364-4017**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)