


FILE NOW: FILING FEE IS \$61.25

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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05414 (0)**

1. Corporation Name  
**OKAHUMPKA VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>3714 JIM ROGERS INDUSTRIAL PK RD. PO BOX 37 OKAHUMPKA FL 34762-0037</b>	Mailing Address <b>3714 JIM ROGERS INDUSTRIAL PK RD. PO BOX 37 OKAHUMPKA FL 34762-0037</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

3. Date Incorporated or Qualified <b>10/01/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2500789</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STARLING, CHARLES C. JR.  
23320 N. AUSTIN MERRITT RD.  
GROVELAND FL 34736**

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

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	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>KNIGHTEN, EMERY</b>
STREET ADDRESS	<b>3015 CR #470</b>
CITY-ST-ZIP	<b>OKAHUMPKA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>FLECKENSTEIN, PATTY</b>
STREET ADDRESS	<b>27316 PALMETTO AVE</b>
CITY-ST-ZIP	<b>OKAHUMPKA FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>PARKER, DEBRA</b>
STREET ADDRESS	<b>#88 SAMIR AVE</b>
CITY-ST-ZIP	<b>LEESBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COOK, CLARK</b>
STREET ADDRESS	<b>DEBBIE ROAD</b>
CITY-ST-ZIP	<b>OKAHUMPKA FL 34762</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FUSSELL, JAMES C</b>
STREET ADDRESS	<b>27245 MAIN AVE</b>
CITY-ST-ZIP	<b>OKAHUMPKA FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>STARLING, CHARLES C JR.</b>
STREET ADDRESS	<b>23320 N. AUSTIN MERRITT RD.</b>
CITY-ST-ZIP	<b>GROVELAND FL</b>

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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: *Charles C. Starling Jr* **STARLING, CHARLES C. JR.** 1/14/97 (352) 343-9688

CR2E037 (9/96)