


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS,
--	---	--

DOCUMENT # **N05414** (0)
1. Corporation Name

OKAHUMPKA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business 3714 JIM ROGERS INDUSTRIAL PK RD. PO BOX 37 OKAHUMPKA FL 34762-0037	Mailing Address 3714 JIM ROGERS INDUSTRIAL PK RD. PO BOX 37 OKAHUMPKA FL 34762-0037
---	---

3. Date Incorporated or Qualified 10/01/1984	
4. FEI Number 59-2500789	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

5. Certificate of Status Desired <input 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 checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent STARLING, CHARLES C. JR. 23320 N. AUSTIN MERRITT RD. GROVELAND FL 34738

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 Charles C. Starling Jr **Charles C. Starling Jr** **SD** **03/25/98**
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P KNIGHTEN, EMERY
STREET ADDRESS	3015 CR #470
CITY-ST-ZIP	OKAHUMPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	V FLECKENSTEIN, PATTY
STREET ADDRESS	27316 PALMETTO AVE
CITY-ST-ZIP	OKAHUMPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	DT PARKER, DEBRA
STREET ADDRESS	#88 SAMR AVE
CITY-ST-ZIP	LEESBURG FL
TITLE	<input type="checkbox"/> DELETE
NAME	D COOK, CLARK
STREET ADDRESS	DEBBIE ROAD
CITY-ST-ZIP	OKAHUMPKA FL 34762
TITLE	<input type="checkbox"/> DELETE
NAME	D FUSSELL, JAMES C
STREET ADDRESS	27245 MAIN AVE
CITY-ST-ZIP	OKAHUMPKA FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD STARLING, CHARLES C JR.
STREET ADDRESS	23320 N. AUSTIN MERRITT RD.
CITY-ST-ZIP	GROVELAND 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	
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 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 **04/10/98 (352) 326-2636**

CR2E037 (10/97)