


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07634 (1)
1. Corporation Name
WAKULLA COUNTY UNITED FIRE FIGHTERS ASSOCIATION, INC.



Principal Place of Business 2820 COASTAR HWY. CRAWFORDVILLE FL 32327 US		Mailing Address 2820 COASTAL HWY. CRAWFORDVILLE FL 32327 US		3. Date Incorporated or Qualified 02/14/1985
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-2493286
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	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				

9. Name and Address of Current Registered Agent LOVE, RAYMOND RT. 1 BOX 3344-5 PANACEA FL 32346		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOVE, RAYMOND		1.2 NAME JONES, STEVE	
STREET ADDRESS PO BOX 363, N/A		1.3 STREET ADDRESS 31, LAKE BELLEN SHORE DR.	
CITY-ST-ZIP PANACEA FL 32346		1.4 CITY-ST-ZIP CRAWFORDVILLE, FL 32327	
TITLE T	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIGOTT, STEVE		2.2 NAME EMERSON, RALPH	
STREET ADDRESS 2820 COASTAL HWY.		2.3 STREET ADDRESS 184. MASHES BOND RD.	
CITY-ST-ZIP CRAWFORDVILLE FL		2.4 CITY-ST-ZIP PANACEA, FL 32346	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, CHUCK		3.2 NAME	
STREET ADDRESS 47 LESLIE ANNE AT.		3.3 STREET ADDRESS	
CITY-ST-ZIP CRAWFORDVILLE FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARVEY, ALLEN		4.2 NAME HARVEY, ALLEN	
STREET ADDRESS 264 TRICE LANE		4.3 STREET ADDRESS 264 TRICE LANE	
CITY-ST-ZIP CRAWFORDVILLE FL		4.4 CITY-ST-ZIP CRAWFORDVILLE 32327	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAWHORN, LARRY		5.2 NAME	
STREET ADDRESS 1448 SHELL PT. RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP CRAWFORDVILLE FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRICKLAND, ROD		6.2 NAME	
STREET ADDRESS P. O. BOX 13 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP ST. MARKS FL		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: *[Signature]* **STEPHEN B. PIGOTT** 2/2/98 850-926-7949

CP2E037 (10/97)