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Mar 31, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07634

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



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOVE, RAYMOND RT. 1 BOX 3344-5 PANACEA FL 32346				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JONES, STEVIE			1.2 NAME			
STREET ADDRESS	31 LAKE BLLBN SHORES DR			1.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL 32327			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PIGOTT, STEVE			2.2 NAME			
STREET ADDRESS	2820 COASTAL HWY.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EMERSON, RALPH			3.2 NAME			
STREET ADDRESS	184 MASHES SAND RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	PANACA FL 32346			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARVEY, ALLEN			4.2 NAME			
STREET ADDRESS	264 TRICE LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRAWFORDVILLE FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STRICKLAND, ROD			5.2 NAME			
STREET ADDRESS	P. O. BOX 13 N /A			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. MARKS FL			5.4 CITY-ST-ZIP			
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, with all other like empowered.

SIGNATURE: *Stephen Piggott* SIGNATURE REQUIRED Piggott 3/22/99 850-926-7949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #