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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09688** (5)

1. Corporation Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business 9990 SW 63RD LN CEDAR KEY FL 32625 US	Mailing Address 9990 SW 63RD LN CEDAR KEY FL 32625 US
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3. Date Incorporated or Qualified 06/11/1985
4. FEI Number 59-0007171
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 23	Country 28
Country 25	Country 30

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

9. Name and Address of Current Registered Agent	
ANDERSON, DONNA C. 6350 SW 95TH AVE OXFORD RD CEDAR KEY FL 32625	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

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 *Donna C. Anderson* **1-12-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	ROOKS, LILLY
STREET ADDRESS	HWY 24
CITY-ST-ZIP	CEDAR KEY FL
TITLE	D
NAME	HATHCOCK, JOE
STREET ADDRESS	G ST
CITY-ST-ZIP	CEDAR KEY FL
TITLE	P
NAME	THOMPSON, CHRISTY
STREET ADDRESS	HIGHWAY RT 24
CITY-ST-ZIP	CEDAR KEY FL
TITLE	D
NAME	ANDERSON, SCOTT
STREET ADDRESS	OXFORD ROAD
CITY-ST-ZIP	CEDAR KEY FL
TITLE	S
NAME	DONNA ANDERSON
STREET ADDRESS	OXFORD ROAD
CITY-ST-ZIP	CEDAR KEY FL 32625
TITLE	D
NAME	WILKERSON, GERALD
STREET ADDRESS	LCR 455
CITY-ST-ZIP	CEDAR KEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP
1.2 NAME	GERALD WILKERSON
1.3 STREET ADDRESS	SW 108RD TERR.
1.4 CITY-ST-ZIP	CEDAR KEY FL 32625
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	SHILOH Rd.
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D
4.2 NAME	LINDA HATHCOCK
4.3 STREET ADDRESS	SHILOH Rd.
4.4 CITY-ST-ZIP	CEDAR KEY FL 32625
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	(D) TODD SMITH
6.2 NAME	
6.3 STREET ADDRESS	OXFORD RD
6.4 CITY-ST-ZIP	CEDAR KEY FL 32625

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: *Donna C. Anderson* / **DONNA C. ANDERSON** **1-12-98**

CR2E037 (10/97)