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Secretary of State

08-06-1999 90011 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N20427			
1. Corporation Name OLD MIAKKA FIRE AND RESCUE AUXILIARY, INC.			
Principal Place of Business 15911 RAWLS RD. C/O STEPHEN HANDRA SARASOTA FL 34240 US		Mailing Address 15911 RAWLS RD. C/O STEPHEN HANDRA SARASOTA FL 34240 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/01/1987		4. FEI Number 65-0066881	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JOHNSTON, CHARLES W. 15911 RAWLS ROAD SARASOTA FL 34240		10. Name and Address of New Registered Agent 81 Name HAROLD JOSLIN 82 Street Address (P.O. Box Number Is Not Acceptable) 15911 RAWLS RD 83 84 City SARASOTA FL 85 Zip 34240	
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 <i>Harold Joslin</i> DATE 8/26/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input type="checkbox"/> DELETE NAME RICHARDSON, JOHN PETE STREET ADDRESS 16150 MANES RD. CITY-ST-ZIP SARASOTA FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VTD <input type="checkbox"/> DELETE NAME DUGGAN, MAURIE A. STREET ADDRESS 551 MYAKKA ROAD CITY-ST-ZIP SARASOTA FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME RICHARDSON, ELLEN STREET ADDRESS 16150 MANES RD. CITY-ST-ZIP SARASOTA FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME DUGGAN, DENNIS J STREET ADDRESS 551 MYAKKA RD. CITY-ST-ZIP SARASOTA FL		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/1999

Date

941-371-0611

Daytime Phone

CR2E037 (5/99)