

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 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 # **N22565** (8)
1. Corporation Name
RED OAK COMMUNITY FIRE DEPARTMENT, INC.

Principal Place of Business ROUTE 2, BOX 255-A ALTHA FL 32421	Mailing Address ROUTE 2, BOX 255-A ALTHA FL 32421
---	---



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/18/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number NOT APPLICABLE	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		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 WALDEN, GARNET WALDEN TIMBER HARVESTNG MAGNOLIA CHURCH ROAD ALTHA FL 32421				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	

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PARRISH, DOWLING			1.2 NAME			
STREET ADDRESS	RT. 1, BOX 11			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITE, GEORGE			2.2 NAME			
STREET ADDRESS	RT. 2, BOX 287			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA FL			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALDEN, GARNET			3.2 NAME			
STREET ADDRESS	ROUTE 2, BOX 255-A			3.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALDERMAN, JOAN			4.2 NAME			
STREET ADDRESS	RT 2			4.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, NORMAN			5.2 NAME			
STREET ADDRESS	RT. 1			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, HOWARD			6.2 NAME			
STREET ADDRESS	RT. 1			6.3 STREET ADDRESS			
CITY-ST-ZIP	ALTHA 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: *Garnet Walden* 4/15/98 850/674-4884

CP2E037 (10/97)