


7-31 97 B-8077 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24618 (3) 1. Corporation Name MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.

Principal Place of Business MYAKKA CITY FIRE STATION 10215 WACHULLA RD MYAKKA CITY FL 34251 US	Mailing Address MYAKKA CITY FIRE STATION 104 BRADENTON-ARCADIA RD. MYAKKA CITY FL 34251
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 02/01/1988	3a. Date of Last Report 07/15/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 MAYFIELD, ROGER G. MYAKKA CITY FIRE STATION 10215 WACHULLA RD MYAKKA CITY FL 33551	
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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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MAYFIELD, ROGER G.
STREET ADDRESS	37157 BRADENTON ARCADIA
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	PARRISH, ANNETTE
STREET ADDRESS	10051 WACHULLA RD
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	LONG, TENA
STREET ADDRESS	37423 BOYD ROAD
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DAYMON, LARRY
STREET ADDRESS	30855 MOSSY OAK TER
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GRAHMA, ERIC
STREET ADDRESS	ROUTE 1, BOX 103AA
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DANIEL CACCHIOTTI
4.3 STREET ADDRESS	42287 SR 70
4.4 CITY-ST-ZIP	MYAKKA CITY FL 34251
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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.

CR2E037 (4/97)