


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra M. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24618 (3) 1. Corporation Name MYAKKA CITY FIREFIGHTERS ASSOCIATION, INC.
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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 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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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3. Date Incorporated or Qualified 02/01/1988	
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	
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	

10. Name and Address of New Registered Agent 81 Name PARRISH, ANNETTE 82 Street Address (P.O. Box Number is Not Acceptable) 10215 WACHULLA RD 83 MYAKKA CITY FL 34251 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 agent 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:  DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MAYFIELD, ROGER G.
STREET ADDRESS	37157 BRADENTON ARCADIA
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	VPO <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	T <input type="checkbox"/> DELETE
NAME	CACCHIOTTI, DANIEL
STREET ADDRESS	42287 SR 70
CITY-ST-ZIP	MYAKKA CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PARRISH, ANNETTE
1.3 STREET ADDRESS	10215 WACHULLA RD
1.4 CITY-ST-ZIP	MYAKKA CITY FL
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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.

SIGNATURE:  **DANIEL P. CACCHIOTTI**

CR2E037 (10/97)