

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25290** (0)

1. Corporation Name

HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business	Mailing Address
4751 TURNAROUND BAY RD ST. CLOUD FL 34773	4751 TURNAROUND BAY RD ST. CLOUD FL 34773

3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last Report 06/19/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MASTON, EDWARD 5015 TOPEKA AVE 5015 Topeka Ave ST. CLOUD FL 34773	81 Name MASTON EDWARD
	82 Street Address (P.O. Box Number is Not Acceptable) 5015 TOPEKA AVE.
	83 City
	84 State FL
	85 Zip Code 34773

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 Edward Maston DATE 2/8/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	MUNSON, AL	PD	BRANDY HALL
STREET ADDRESS	7350 CRABGRASS ROAD	STREET ADDRESS	7321 CRABGRASS RD.
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD, FL 34773
TITLE	NAME	2.1 TITLE	2.2 NAME
SD	CURRY, DANIELLE	SD	Heather Maston
STREET ADDRESS	7175 CRABGRASS ROAD	STREET ADDRESS	5015 Topeka Ave
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD FL 34773
TITLE	NAME	3.1 TITLE	3.2 NAME
D	WORTH, SANDRA K.	SD	Sandra K. Worth
STREET ADDRESS	4965 NOVA AVENUE	STREET ADDRESS	4965 NOVA AVE
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD FL 34773
TITLE	NAME	4.1 TITLE	4.2 NAME
D	WINES, BOBBY	D	Steve Flowers
STREET ADDRESS	7353 CRABGRASS ROAD	STREET ADDRESS	7110 Crabgrass RD
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD FL 34773
TITLE	NAME	5.1 TITLE	5.2 NAME
D	CURRY, TRIS	D	Lori Ranailli
STREET ADDRESS	7175 CRABGRASS ROAD	STREET ADDRESS	9150 Concord RD.
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD FL 34773
TITLE	NAME	6.1 TITLE	6.2 NAME
TD	CURRY, GILDA	TD	Gilda Curry
STREET ADDRESS	7125 CRABGRASS ROAD	STREET ADDRESS	7125 Crabgrass Rd.
CITY-ST-ZIP	ST. CLOUD FL	CITY-ST-ZIP	ST. CLOUD FL 34773

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sandra K. Worth DATE 2/8/96 DAYTIME PHONE # 407-957-5001

CR2E037 (12/95)