


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90166 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25546**

1. Corporation Name

**FALMOUTH VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business

17974 U.S. 90 WEST  
LIVE OAK FL 32060

Mailing Address

17974 U.S. 90 WEST  
LIVE OAK FL 32060



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/22/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2883636	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOOK, LARRY L**  
5275 169TH RD.  
LIVE OAK FL 32060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOOK, LARRY	1.2 NAME	
STREET ADDRESS	5275 169TH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERRO, DICK	2.2 NAME	Ed Lang
STREET ADDRESS	15583 60TH TERRACE	2.3 STREET ADDRESS	4556 181st. RD.
CITY-ST-ZIP	LIVE OAK FL 32060	2.4 CITY-ST-ZIP	Live Oak FL 32060
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOOK, CLEATOS	3.2 NAME	
STREET ADDRESS	6005 185TH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGWELL, HOUSTON	4.2 NAME	Ray Freeman
STREET ADDRESS	18713 52ND TERRACE	4.3 STREET ADDRESS	18156 62ND Terrace
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP	Live Oak FL 32060
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, ED	5.2 NAME	Verro, Dick
STREET ADDRESS	4456 181ST RD	5.3 STREET ADDRESS	15583 60th. Terrace
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP	Live Oak, FL 32060
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELL, AUSTIN	6.2 NAME	
STREET ADDRESS	5278 189TH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	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: Larry L McCook **SIGNATURE REQUIRED** Larry L McCook (Pres) 5-9-99 (904) 362-3759  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)