

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N32441** (0)  
1. Corporation Name  
**OLDSMAR VOLUNTEER FIREFIGHTER'S ASSOCIATION INC.**



Principal Place of Business <b>OLDSMAR FIRE DEPT. 111 STATE ST. W. OLDSMAR FL 34677 US</b>	Mailing Address <b>OLDSMAR FIRE DEPT. 111 STATE ST. W. OLDSMAR FL 34677 US</b>
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3. Date Incorporated or Qualified <b>05/22/1989</b>
4. FEI Number <b>59-2949437</b>
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>OLDSMAR FIRE DEPT.</b> Suite, Apt #, etc. 22 <b>111 STATE ST. W.</b> City & State 23 <b>OLDSMAR, FL 34677</b> Zip 24 <b>34677</b> 25 <b>US</b>	2a. Mailing Address 26 <b>OLDSMAR FIRE DEPT.</b> Suite, Apt #, etc. 27 <b>111 STATE ST. W.</b> City & State 28 <b>OLDSMAR, FL</b> Zip 29 <b>34677</b> 30 <b>US</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEABOLT, DUSTIN  
111 STATE ST W  
OLDSMAR FL 34677**

81 Name <b>SMOLENSKI, DAVE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>111 STATE ST. W.</b>
83
84 City <b>OLDSMAR, FL</b>
85 Zip Code <b>34677</b>

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]* DATE **02-02-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SEABOLT, DUSTIN</b>	
STREET ADDRESS <b>111 STATE ST W</b>	
CITY-ST-ZIP <b>OLDSMAR FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MADDINO, JILL</b>	
STREET ADDRESS <b>111 STATE ST W</b>	
CITY-ST-ZIP <b>OLDSMAR FL</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SELBACH, DAVE</b>	
STREET ADDRESS <b>31177 US HWY 19 N #2011</b>	
CITY-ST-ZIP <b>PALM HARBOR FL 34684</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MILGES, JEFF</b>	
STREET ADDRESS <b>111 STATE ST W</b>	
CITY-ST-ZIP <b>OLDSMAR FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>SMOLENSKI, DAVE</b>	
1.3 STREET ADDRESS <b>111 STATE ST. W</b>	
1.4 CITY-ST-ZIP <b>OLDSMAR, FL 34677</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>MADDINO, JILL</b>	
2.3 STREET ADDRESS <b>111 STATE ST. W</b>	
2.4 CITY-ST-ZIP <b>OLDSMAR, FL.</b>	
3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>SELBACH, DAVE</b>	
3.3 STREET ADDRESS <b>111 STATE ST. W</b>	
3.4 CITY-ST-ZIP <b>OLDSMAR, FL.</b>	
4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>MILGES, JEFF</b>	
4.3 STREET ADDRESS <b>111 STATE ST. W</b>	
4.4 CITY-ST-ZIP <b>OLDSMAR, FL.</b>	
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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE **02-02-98**

CR2E037 (10/97)