


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 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N34273 (5)					
1. Corporation Name OAK HILL VOLUNTEER FIRE DEPARTMENT ASSOCIATION, INC.					
Principal Place of Business 213 N US 1 OAK HILL FL 32759 US			Mailing Address P.O. BOX 432 OAK HILL FL 32759 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1989	
21		2a		3a. Date of Last Report 01/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3029994	
22		27		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29	
24		25		29	
Zip		Country		30	
24		25		30	
9. Name and Address of Current Registered Agent MOORE, CHRISTOPHER 111 WEST TURGOT AVENUE EDGEWATER FL 32132			10. Name and Address of New Registered Agent 81 Name Bittle, Kathy 82 Street Address (P.O. Box Number is Not Acceptable) 285 Galbraith Ave 83 84 City Oak Hill FL 85 Zip Code 32759		
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 Kathy Bittle President DATE 07/18/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, KERRI		1.2 NAME	GARY Bittle	
STREET ADDRESS	114 AZALEA RD		1.3 STREET ADDRESS	285 Galbraith Ave.	
CITY-ST-ZIP	EDGEWATER FL		1.4 CITY-ST-ZIP	OAK Hill, FL 32759	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODARD, KRISTINE		2.2 NAME	CHRIS piecora	
STREET ADDRESS	169 WEST LOOP		2.3 STREET ADDRESS	139 maple ST	
CITY-ST-ZIP	OAK HILL FL		2.4 CITY-ST-ZIP	Oak Hill FL 32759	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, CHRISTOPHER		3.2 NAME	JOE CWAH	
STREET ADDRESS	111 WEST TURGOT AVENUE		3.3 STREET ADDRESS	110 N. CORY DR	
CITY-ST-ZIP	EDGEWATER FL		3.4 CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, ROBERT		4.2 NAME	Kathy Bittle	
STREET ADDRESS	230 ADAMS ST		4.3 STREET ADDRESS	285 Galbraith Ave	
CITY-ST-ZIP	OAKHILL FL		4.4 CITY-ST-ZIP	Oak Hill FL 32759	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)