

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90164 047 ****61.25

DOCUMENT # N34273

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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/18/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3029994	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BITTLE, KATHY
285 GALBRAITH AVE
OAK HILL FL 32759

81 Name James Roberts
82 Street Address (P.O. Box Number is Not Acceptable) 347 BEEHIVE DR
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

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	SD	1.1 TITLE	DDO
NAME	BITTLE, GARY	1.2 NAME	Bittle Gary
STREET ADDRESS	285 GALBRAITH AVE	1.3 STREET ADDRESS	291 Lagoon Ave
CITY-ST-ZIP	OAK HILL FL	1.4 CITY-ST-ZIP	OAK HILL FL
TITLE	VD	2.1 TITLE	
NAME	BERARD, ALBERT	2.2 NAME	
STREET ADDRESS	3007 JUNIPER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CUACH, JOE	3.2 NAME	
STREET ADDRESS	110 N CORY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	Pres. (P)
NAME	BITTLE, KATHY	4.2 NAME	James Roberts
STREET ADDRESS	285 GALBRAITH AVE	4.3 STREET ADDRESS	347 BEEHIVE DR
CITY-ST-ZIP	OAK HILL FL	4.4 CITY-ST-ZIP	OAK Hill, Fla 32759
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER