FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

	1996	ORT		B. Mortnam Iry of State CORPORAT	ion ia			
D 1.	OCUMENT	# N397 + Volunteer	FIRE Dep	<i>t</i> .				
1	Kissimn E.	ISLAND R E, Fl. 34744				File 0 3, Date Incorporated or Qualified Hug. 21, 1990	3a . Date of Last Report / 995	
Principal Place of Business 1			2a. Mailing Address 26 Same AS Abou E			4. FO - 20712	Applied Not App	
<u> </u>	Suite, Apt. #, etc.		Suite, Apt. #, etc.			1 31 30 Ha	Not App \$8.75 Addition	
22	Date; Fipting Stor		27			5. Certificate of Status Desired	Fee Require	
1	City & State		City & State			6. Election Campaign Financing	\$5.00 мау	Be .
23			28	1 -		Trust Fund Contribution	Added to Fee	
24	Zip	Country 25	Ζιρ 29	30 <i>OS</i>		This corporation has liability for in Florida Statutes	ntangible tax under s. 199.03.] Yes 🏖 No	2,
	9. Name	and Address of Current F	1.5.7 L	1301 ()	GEOIN	10. Name and Address of New Re	🛡	
				8 8 8	2 Street Ack	Juop H Hask dress (P.O. Box Number is Not Acceptable 68 Prof. Island 5 Simme E.	e)	
	 or registered agent, or 	sions of Sections 617.0502 are to the in the State of Florida.	 Such change was authorize 	ed by the co		oration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its registere introduced as registered agent.	office
	Signature, typed	d or printed name of registered agent and	MTC (NO	TE Registered Aç	gent signature requir	rea when renstaing!	5-9-96	
12	2.	or printed name of registered agent and OFFICERS AND 1	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	DATE CERS AND DIRECTORS IN 1	(S6/Z
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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.

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

407-870-18/9
Daytone Phone 1