

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

Aug 19 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 # N39745 (7)  
1. Corporation Name  
KINGS POINT VOLUNTEER FIRE DEPARTMENT, CORP.

Principal Place of Business Mailing Address  
1568 PINE ISLAND RD. 1568 PINE ISLAND RD.  
KISSIMMEE FL 34744-6632 KISSIMMEE FL 34744-6632



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1990	3a. Date of Last Report 06/19/1996
4. FEI Number 59-3071247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HASKETT, TODD A.  
1568 PINE ISLAND RD.  
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name GENEVA HASKETT
82 Street Address (P.O. Box Number is Not Acceptable) 1568 PINE ISLAND RD.
83
84 City KISSIMMEE FL 85 Zip Code 34744

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 Geneva Haskett ST. GENEVA HASKETT 8-10-97  
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 VP NAME ADAMS, DONALD STREET ADDRESS 1568 PINE ISLAND RD. CITY-ST-ZIP KISSIMMEE FL 34744-6632	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME John BYRDE 1.3 STREET ADDRESS 1568 PINE ISLAND RD 1.4 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME HASKETT, GENEVA STREET ADDRESS 1568 PINE ISLAND RD. CITY-ST-ZIP KISSIMMEE FL 34744-6632	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CRISP, TERRY STREET ADDRESS 1568 PINE ISLAND RD. CITY-ST-ZIP KISSIMMEE FL 34744-6632	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D. KARRIE ORMISTON 3.2 NAME KARRIE ORMISTON 3.3 STREET ADDRESS 1568 PINE ISLAND RD 3.4 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DONALDSON, RANDY STREET ADDRESS 1568 PINE ISLAND RD. CITY-ST-ZIP KISSIMMEE FL 34744-6632	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D 4.2 NAME LAURA GIORDIANO 4.3 STREET ADDRESS 1568 PINE ISLAND RD 4.4 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME HASKETT, TODD STREET ADDRESS 1568 PINE ISLAND RD. CITY-ST-ZIP KISSIMMEE FL 34744-6632	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP 5.2 NAME PETE CONTINO 5.3 STREET ADDRESS 1568 PINE ISLAND RD 5.4 CITY-ST-ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Geneva Haskett 8-10-97 407-847-5555  
SIGNATURE REQUIRED

CR2E037 (4/97)