

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25).

FILED
Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McMan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39745 (7)
1. Corporation Name
KINGS POINT VOLUNTEER FIRE DEPARTMENT, CORP.

Principal Place of Business 1568 PINE ISLAND RD. KISSIMMEE FL 34744-6632	Mailing Address 1568 PINE ISLAND RD. KISSIMMEE FL 34744-6632
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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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3. Date Incorporated or Qualified 08/21/1990	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent

HASKETT, GENEVA
1568 PINE ISLAND RD.
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	P BYRNE, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P Bill TAYLOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1568 PINE ISLAND RD.	1.2 NAME	1568 PINE Island Rd
STREET ADDRESS	KISSIMMEE FL	1.3 STREET ADDRESS	KISSIMMEE FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST HASKETT, GENEVA <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	1568 PINE ISLAND RD.	2.2 NAME	
STREET ADDRESS	KISSIMMEE FL 34744-6632	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ORMISTON, KARRIE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D DEBBIE LEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1568 PINE ISLAND RD.	3.2 NAME	1568 PINE Island Rd.
STREET ADDRESS	KISSIMMEE FL	3.3 STREET ADDRESS	KISSIMMEE, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GIORDIANO, LAURA <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	1568 PINE ISLAND RD.	4.2 NAME	
STREET ADDRESS	KISSIMMEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VP CONTINO, PETE <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	1568 PINE ISLAND RD.	5.2 NAME	
STREET ADDRESS	KISSIMMEE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-24-98 407-847-5555

CR2E037 (5/98)