


FILE NOW: FILING FEE IS \$61.25

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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001330 (9)

1. Corporation Name

**MID-FLORIDA LAKES VOLUNTEER FIRE DEPARTMENT ASSO
CIATION, INC.**

Principal Place of Business	Mailing Address
210 FOREST DRIVE LEESBURG FL 34788-2706	210 FOREST DRIVE LEESBURG FL 34788-2688

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

3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 59-3327914	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RANDALL, EDGAR R
168 CROSSWAYS DRIVE
LEESBURG FL 34788-2706**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, EDGAR R	1.2 NAME	
STREET ADDRESS	168 CROSSWAYS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788-2706	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT	2.2 NAME	
STREET ADDRESS	102 MILLWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788-2706	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAN, DOROTHY	3.2 NAME	
STREET ADDRESS	167 HIGHLAND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788-2706	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, EARL	4.2 NAME	Friend Walter
STREET ADDRESS	125 HIBISCUS DRIVE	4.3 STREET ADDRESS	131 Hibiscus Dr
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	Leesburg, Fl. 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINFIELD, DAN	5.2 NAME	Ketch Robert
STREET ADDRESS	130 HIGHLAND DRIVE	5.3 STREET ADDRESS	128 Woodland Dr.
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	Leesburg, Fl. 34788
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOELLMER, HARRY J	6.2 NAME	Marshall Thomas
STREET ADDRESS	111 CAMELIA DRIVE	6.3 STREET ADDRESS	121 Lakeview Dr
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	Leesburg, Fl. 34788

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, on an attachment with an address.

SIGNATURE: *Edgar R. Randall* **EDGAR R. RANDALL**

CR2E037 (9/96)