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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 34788-2706**



3. Date Incorporated or Qualified

03/14/1994

4. FEI Number

59-3327914

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2b Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JONES, ROBERT M.

82 Street Address (P.O. Box Number Is Not Acceptable)

102 MILLWOOD ROAD

83

84 City

LEESBURG

FL

85 Zip Code
34788

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

Robert M. Jones
Signature, typed or printed name of registered agent and title if applicable.

ROBERT M. JONES - PRESIDENT

3-1-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RANDALL, EDGAR R	
STREET ADDRESS	168 CROSSWAYS DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788-2706	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JONES, ROBERT	
STREET ADDRESS	102 MILLWOOD ROAD	
CITY-ST-ZIP	LEESBURG FL 34788-2706	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOHAN, DOROTHY	
STREET ADDRESS	167 HIGHLAND DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788-2706	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEND, WALTER	
STREET ADDRESS	131 Hibiscus Drive	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KETCH, ROBERT	
STREET ADDRESS	128 WOODLAND DRIVE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSHALL, THOMAS	
STREET ADDRESS	121 LAKEVIEW DRIVE	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JONES, ROBERT M.	
1.3 STREET ADDRESS	102 MILLWOOD ROAD	
1.4 CITY-ST-ZIP	LEESBURG, FL 34788-2706	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RANDALL, EDGAR R.	
2.3 STREET ADDRESS	168 CROSSWAYS DRIVE	
2.4 CITY-ST-ZIP	LEESBURG, FL. 34788-2706	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCABE, DOROTHY	
4.3 STREET ADDRESS	102 OAK TERRACE	
4.4 CITY-ST-ZIP	LEESBURG, FL. 34788-2706	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KETCH, ESTELLE	
5.3 STREET ADDRESS	128 WOODLAND DRIVE	
5.4 CITY-ST-ZIP	LEESBURG, FL. 34788-2706	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Robert M. Jones

ROBERT M. JONES 3-1-98 352-483-2186

CP2E037 (10/97)