

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003269 (7)**

1. Corporation Name

**ASTATULA FIRE/RESCUE INC.**

Principal Place of Business

Mailing Address

**25028 KIRKWOOD AVE.  
ASTATULA FL**

**P.O. BOX 195  
ASTATULA FL 34705**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/27/1994**

4. FEI Number

**59-3260546**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

**ELLRODT, JAMES D  
25019 COUNTY RD. 561  
ASTATULA FL 34705**

81 Name

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

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POWELL, WILLIAM</b>	
STREET ADDRESS	<b>24649 COUNTY RD. 561</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANK, ED</b>	
STREET ADDRESS	<b>25847 COUNTRY RD. 561</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, WILLIAM</b>	
STREET ADDRESS	<b>25045 JEFFERSON STREET</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JAMES, TILLIS</b>	
STREET ADDRESS	<b>13404 S. CAROLINA AVENUE</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, JOYIA</b>	
STREET ADDRESS	<b>P.O. BOX 2 - 25146 CR 561</b>	
CITY-ST-ZIP	<b>ASTATULA FL 34705</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRISON, WILLIAM B</b>	
STREET ADDRESS	<b>25045 JEFFERSON ST</b>	
CITY-ST-ZIP	<b>ASTATULA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

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:  **WILLIAM B. HARRISON**

1/4/98 (352) 742-7834

CR2E037 (10/97)