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).

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



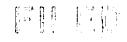
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000003089 (7) DOCUMENT #

PUNTA GORDA VOLUNTEER FIRE ASSOCIATION, INC.



97 SEP 29 PH 1: 1: 1:

SECNEWER FOR STATE TALLAHASSEE, FLORIDA



Principal Place	of Busines	\$		Mailing Address			T INDIVIDUAL DIED MINICENTIAL DERFE DERFE DERFE DER HILL DER HILL BEFORE FALLE.
1410 TAMIAMI TRAIL				1410 TAMIAMI TRAIL			
PUNTA GORDA			1	PUNTA GORDA FL 33	8950		DO NOT MORE IN THIS SPACE
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report
							06/10/1996
2. Principal Pl	ace of Busin	ness		a. Mailing Address			4. FEI Number
21 1410 Tampami Trail				26 1410 Tamami Trail			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			\$8.75 Additional
22				27			Fee Required
City & State				_City & State			6. Election Campaign Financing \$5.00 May Be
23 Punto	2 00c		L 21		<u> </u>	****	Trust Fund Contribution
Zip □ D. D.O. o		Country	L	zip 1 33950	-	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 3399	O Name	and Address of C	20 Current Red		30	1024	10. Name and Address of New Registered Agent
g. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name C							
NOBLE, I	ROV J						→ DMO 40COL - D97C4 - 1
	MIAMI TRA	I					Address (P.O. Box Number is Not Acceptable)
	SORDA FL					83	110 lampami Irail
101177	WINDH ! E	45550					
						<b>64</b>   - City	140 (2004) FL   85   Zip Code   33950
11 Pursuant t	o the provis	ions of Sections 6	17.0502 and	617.1508, Florida S	Statutes.	the above-named	1010100
office or to	gistered ag	ent, or both, in the	State of Flo	orida. Such change	was auth	orized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	iii iaiijulai wi	illi, and accept the		s or, 36ction 617:03c	, i iona	a Siaidios.	9/10/87
SIGNATURE  Signature, typed or winted name of pugistered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.		OFFICE	RS AND DIF			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D'			<b>⊠</b> DELET	Έ	1.1 TITLE	Change Addition
NAME	NOBLE,					1.2 NAME	sanford, Kerry
STREET ADDRESS		IPON WAY				1.3 STREET ADDRESS	DIATA Davison AVE
CITY-ST-ZIP		GORDA FL 3395	0			1.4 CITY-ST-ZIP	Port Charlotte F1 33954
TITLE	D			<b>▼</b> DELET	Έ	2.1 TITLE	V P → D
NAME		, JOHN E				2.2 NAME	Wright, Jeff
STREET ADDRESS		RMELLIA TERR.				2.3 STREET ADDRESS	3342 Easy 54
CITY-ST-ZIP		GORDA FL 3395	0			2. 4 CITY - ST - ZIP	Ptort Charlotk Fl 33950
TITLE	T.	0140150		<b>⊠</b> DELET	E	3.1 TITLE	SIT - D Change Addition
"NAME" ""		IJA, CHARLES				3.2 NAME	Pietrzak, Gayle
STREET ADDRESS		YLOR RD., #32				3.3 STREET ADDRESS	20010 Tappan Zee DR
CITY-ST-ZIP	PUNIA	GORDA FL 3395	N .			3.4. CITY-ST-ZIP	Port Charlotte FI 33952
TITLE				DELET	t	4.1 TITLE	☐ Change ☐ Addition
NAME						4. 2 NAME	
STREET ADDRESS						4.3 STREET ADDRESS	4000023091644 -10/01/9701098009
CHY-ST-ZIP				Пере		4.4 CITY-ST-ZIP	
TITLE				☐ DELET	Ľ.	5.1 TITLE	*****61.25 国希帕哈特511.25/gillion
NAME						5.2 NAME	
STREET ADDRESS						5.3 STREET ADDRESS	
CITY-ST-ZIP				□ pries	rc	5.4 CITY-ST-ZIP	Charon
TITLE				☐ DELET	E	6.1 TITLE	
NAME						6.2 NAME	
STREET ADDRESS						6.3 STREET ADDRESS	l A A
CITY-ST-ZIP		A Shira hadanaa ahiran a		h this filing does not	avality t	6.4 CITY-ST-ZIP	totad in Section 119 07/3Vi) Florida Statutes I further certify that the

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.