

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).

APPROVED  
AND  
FILED

pg 1 of 2

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

98 FEB 18 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003192 (9)

1. Corporation Name

VOLUSIA COUNTY FIRE FIGHTERS COUNCIL, INC.

97-98  
AR



Principal Place of Business 4806 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119		Mailing Address 4806 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number 59-2669874-242612	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SEDACCA, GARY 4806 CLYDE MORRIS BLVD., STE. 2-P PORT ORANGE FL 32119				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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D SEDACCA, GARY	2463 OLD SAMSULA RD.	DAYTONA BEACH FL 32124	1.1 TITLE	
	D TAFT, LEN	422 SEAVIEW AVE.	DAYTONA BEACH FL 32118	1.2 NAME	
	D LEMMOND, VAUGHN	119 MINERVA ROAD	DAYTONA BEACH FL 32118	1.3 STREET ADDRESS	
	D HERIC, BILL	2 PINE VALLEY CIRCLE	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	
				2.1 TITLE	
				2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
				3.1 TITLE	
				3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE	
				6.2 NAME	
				6.3 STREET ADDRESS	
				6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

CR2E037 (4/97)



# VOLUSIA COUNTY FIRE FIGHTERS COUNCIL

4606 Clyde Morris Blvd., Suite 2-P Port Orange, FL 32119-7454  
(904) 322-1200 FAX: (904) 322-0598



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January 22, 1998

Florida Dept. of the State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Please find enclosed a our 1997 Corporation Annual Report and a filing fee of \$61.25.

Unfortunately, William Heric, Secretary of the Volusia County Firefighters Council, Inc., suffered a heart attack and required a triple by-pass. He has since returned to work but realized, in his absence, this paperwork had not been taken care.

Please accept our apologies and if you have any questions or require additional information, call our Treasurer, Vaughn Lemmond at (904) 322-1200.

Thank you,

*Linda Terrell*

Linda Terrell  
Administrative Assistant