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FILED
Jan 29 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 # N97000004702 (3)

1. Corporation Name
STATION 32 AUXILIARY FIRE DEPARTMENT, INC.



Principal Place of Business 185 SOUTH THIRD STREET EAGLE LAKE FL 33839	Mailing Address POST OFFICE BOX 1240 EAGLE LAKE FL 33839
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3. Date Incorporated or Qualified
08/19/1997

4. FEI Number
59-3478235

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

2a. Mailing Address
 26. Suite, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

30. Country

7. Is this nonprofit corporation a homeowners association?
 Yes No

9. Name and Address of Current Registered Agent
**KEHOE, FRANK
 111 REAM ROAD
 WINTER HAVEN FL 33880**

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
 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

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		FRANK KEHOE	
1.3 STREET ADDRESS		111 REAM ROAD	
1.4 CITY - ST - ZIP		WINTER HAVEN, FL 33880	
2.1 TITLE	V	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		RICHARD CRISS	
2.3 STREET ADDRESS		265 2ND ST. S.	
2.4 CITY - ST - ZIP		EAGLE LAKE, FL. 33839	
3.1 TITLE	SFT	SEC. /TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		MICHELLE CRISS	
3.3 STREET ADDRESS		265 2ND ST. S.	
3.4 CITY - ST - ZIP		EAGLE LAKE, FL. 33839	
4.1 TITLE	D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		LINDA SEDGWICK	
4.3 STREET ADDRESS		55 DALE DR.	
4.4 CITY - ST - ZIP		WINTER HAVEN, FL 33880	
5.1 TITLE	D	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		JEFF TANNER	
5.3 STREET ADDRESS		500 AVE N S.E.	
5.4 CITY - ST - ZIP		WINTER HAVEN, FL 33880	
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: *Frank Kehoe* **FRANK KEHOE** **01-20-98** **941-297-9535**

Date Daytime Phone # 0055681

CR2E037 (10/97)