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Jun 25 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morahan,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006090 (1)**

1. Corporation Name

**O'BRIEN VOLUNTEER FIREFIGHTERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
22677 93RD DRIVE O'BRIEN FL 32071	P.O. BOX 35 O'BRIEN FL 32071

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Is this nonprofit corporation a homeowners association?	8. This corporation owes or has paid the current year's Personal Property Tax due June 30.
10/27/1997	59-3510649	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>HUMPHRIES, HARRIETTE W</b> <b>22677 93RD DRIVE</b> <b>O'BRIEN FL 32071</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>HUMPHRIES, HARRIETTE W</b>
STREET ADDRESS	<b>22677 93RD DRIVE</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>MARTEL, MYRTICE M</b>
STREET ADDRESS	<b>9501 228TH STREET</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>CURRIE, BETSYSUSAN</b>
STREET ADDRESS	<b>6 BLACKBERRY LANE</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>WINGATE, NIRA</b>
STREET ADDRESS	<b>22841 95TH LANE</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZERR, DORIS M</b>
STREET ADDRESS	<b>12504 208TH STREET</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHUPP, PAT</b>
STREET ADDRESS	<b>21211 137TH DRIVE</b>
CITY-ST-ZIP	<b>O'BRIEN FL 32071</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P/D GRANT W. MEADOWS, JR.</b>
13 STREET ADDRESS	<b>P.O. Box 224 (N/A)</b>
14 CITY-ST-ZIP	<b>O'BRIEN, FL. 32071</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b><del>MARTEL</del> HUMPHRIES, HARRIETTE</b>
23 STREET ADDRESS	<b>22677 93RD DR.</b>
24 CITY-ST-ZIP	<b>O'BRIEN, FL. 32071</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>S/D CURRIE, BETSY SUSAN</b>
33 STREET ADDRESS	<b>6 BLACKBERRY LN</b>
34 CITY-ST-ZIP	<b>O'BRIEN, FL 32071</b>
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>V/D SMITH, MARY W.</b>
43 STREET ADDRESS	<b>P.O. Box 24 (N/A)</b>
44 CITY-ST-ZIP	<b>O'BRIEN, FL. 32071</b>
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b><del>CATHY DOLAN</del> D. MATTHEW FAYE</b>
53 STREET ADDRESS	<b>9130 232 LANE</b>
54 CITY-ST-ZIP	<b>O'BRIEN, FL. 32071</b>
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>P/CATHY DOLAN</b>
63 STREET ADDRESS	<b>9142 232 ST</b>
64 CITY-ST-ZIP	<b>O'BRIEN, FL 32071</b>

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: **MARY W. SMITH** **MARY W. SMITH/28/98** **904-935-0277**

CR2E037 (10/97)