


FILE NOW: FILING FEE IS \$61.25

FILED

**May 26 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 # 726615 (8)
1. Corporation Name
THE PALM COAST BUCKET BRIGADE, INC.



Principal Place of Business PALM COAST PARKWAY P.O. BOX 350048 PALM COAST FL 32135-0048	Mailing Address PALM COAST PARKWAY P.O. BOX 350048 PALM COAST FL 32135-0048
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3. Date Incorporated or Qualified
06/06/1973

4. FEI Number 59-1644331	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

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

9. Name and Address of Current Registered Agent

**GERARD P. FORTE
77 BELVEDER LANE
PALM COAST FL 32137**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KWAITKOWSKI, JULIUS		1.2 NAME HENRY GENSCHE	
STREET ADDRESS 7 BASSET LANE		1.3 STREET ADDRESS 44 WOODFIELD LN.	
CITY-ST-ZIP PALM COAST FL		1.4 CITY-ST-ZIP PALM COAST FL. 32135	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, CONSTANCE		2.2 NAME BRIAN McNULTY	
STREET ADDRESS 48 BLAIRSVILLE DRIVE		2.3 STREET ADDRESS 23 BARKLEY LN.	
CITY-ST-ZIP PALM COAST FL		2.4 CITY-ST-ZIP PALM COAST FL. 32135	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GENSCH, HENRY W		3.2 NAME SEAN MAJOR	
STREET ADDRESS 44 WOODFIELD DRIVE		3.3 STREET ADDRESS 13 ROYAL PALM LN.	
CITY-ST-ZIP PALM COAST FL		3.4 CITY-ST-ZIP PALM COAST FL 32135	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENRY GENSCHE	
STREET ADDRESS 44 WOODFIELD LN.	
CITY-ST-ZIP PALM COAST FL. 32135	
TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRIAN McNULTY	
STREET ADDRESS 23 BARKLEY LN.	
CITY-ST-ZIP PALM COAST FL. 32135	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEAN MAJOR	
STREET ADDRESS 13 ROYAL PALM LN.	
CITY-ST-ZIP PALM COAST FL 32135	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: **SEAN MAJOR** *Sean Major* 5-16-98 904 446-6751

CR2E037 (1097)