

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 737046 (3)

1. Corporation Name

TOWN OF MARINELAND VOLUNTEER FIRE DEPARTMENT, IN  
C.

Principal Place of Business Mailing Address  
9507 OCEAN SHORE BLVD. 9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086 MARINELAND FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1976 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-1003937 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, JANET  
9507 OCEAN SHORE BLVD.  
MARINELAND FL 32086

81 Name Dixon, Suzanne  
82 Street Address (P.O. Box Number is Not Acceptable) 5455 Windantide Rd  
83  
84 City St. Augustine FL 85 Zip Code 32086

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Suzanne M. Dixon* Mayor Suzanne M Dixon 4/24/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D DIXON, SUZANNE 5455 WINDANTIDE RD ST AUGUSTINE FL  
D WHALEY, JOANNE L. 134 BRUSHWOOD LANE PALM COAST FL  
D STUCKEY, NICK STAR ROUTE 111 BUNNELL FL  
PD JOHNSON, JANET 178 MARINA DR MARINELAND FL  
DV DEVOE, TOM 1850 OLD MOUNTRIE ROAD ST AUGUSTINE FL  
DV PALMER, DAN 200 C R 13 S ST. AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PD  Change  Addition  
1.2 NAME Suzanne Dixon  
1.3 STREET ADDRESS 5455 Windantide Rd  
1.4 CITY-ST-ZIP St Augustine, FL  
2.1 TITLE PD  Change  Addition  
2.2 NAME Brunson, Jennifer S.  
2.3 STREET ADDRESS 737 Queen Road  
2.4 CITY-ST-ZIP St. Augustine, FL 32086  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE PD  Change  Addition  
4.2 NAME Taylor, Mark  
4.3 STREET ADDRESS 36 Florida Ave  
4.4 CITY-ST-ZIP St. Augustine, FL 32095  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Suzanne M. Dixon* 4/24/95 (904)471-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, OFFICER OR DIRECTOR DATE Daytime Phone #  
Suzanne M. Dixon