

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:07

DOCUMENT # **N05580 (8)**  
1. Corporation Name  
**CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.**

Principal Place of Business: **510 MORRIS AVE. CANTONMENT FL 32533-1150**  
Mailing Address: **510 MORRIS AVE. CANTONMENT FL 32533-1150**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/09/1984** 3a. Date of Last Report: **01/31/1994**  
4. FEI Number: **51-0186011** Applied For: **Not Applicable**

2. Principal Place of Business: 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$0.75 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. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MOORE, JEAN  
2098 OLD CHEMSTEAD ROAD  
CANTONMENT FL 32533**

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 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MARTIN, ANDY
STREET ADDRESS	133 HARVEST HILL DR
CITY-ST-ZIP	CANTONMENT FL
TITLE	VD
NAME	CARTWRIGHT, BEN
STREET ADDRESS	204 BOOTH AVE
CITY-ST-ZIP	CANTONMENT FL
TITLE	SD
NAME	MOORE, JEAN
STREET ADDRESS	2098 OLD CHEMSTRAND RD
CITY-ST-ZIP	CANTONMENT FL
TITLE	TD
NAME	SNYDER, GREGORY
STREET ADDRESS	85 DANIELLE LANE
CITY-ST-ZIP	CANTONMENT FL
TITLE	D
NAME	FLOWERS, RALPH
STREET ADDRESS	101 WILLIAMS DITCH ROAD
CITY-ST-ZIP	CANTONMENT FL
TITLE	D
NAME	WELCH, DONALD
STREET ADDRESS	50 EDEN LN.
CITY-ST-ZIP	CANTONMENT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bolton, Danny
2.3 STREET ADDRESS	598 McKenzie Rd
2.4 CITY-ST-ZIP	Cantonment, FL. 32533
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HALL, KEVIN
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Fire Chief <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Moore, Andrew N. Jr.
5.3 STREET ADDRESS	2098 Old Chemstead Rd.
5.4 CITY-ST-ZIP	Cantonment, FL 32533
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Womack, Peggy
6.3 STREET ADDRESS	602 Coulter Avenue
6.4 CITY-ST-ZIP	Cantonment, FL 32533

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 110.07(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: Jeanette M. Moore JEANETTE M. MOORE, Secretary, 2/15/95 904-762-2112  
DATE: 2/15/95