FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:31

DOCUMENT # N11822 (6)

1. Corporation Name
MONTICELLO VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
P.O. BOX 533 MONTICELLO FL 32344	P.O. BOX 533 MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1985
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-2721366 ☐ Applied For ☐ Not Applicable
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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BOWMAN, TOM
1085 E. WASHINGTON ST.
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81 Name: Lester Lawrence
82 Street Address (P.O. Box Number is Not Acceptable): 1285 Florida Ave.
83
84 City: Monticello FL 85 Zip Code: 32344

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: Lester Lawrence — 1-12-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BARFIELD, TIMOTHEE A	1.2 NAME	
STREET ADDRESS	590 VIRGINIA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	BOWMAN, ANNETTE	2.2 NAME	Jay Littlefield
STREET ADDRESS	1085 E. WASHINGTON STREET	2.3 STREET ADDRESS	Rt. 2 Box 151
CITY-ST-ZIP	MONTICELLO FL	2.4 CITY-ST-ZIP	Monticello, Fla. 32344
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, ELIZABETH	3.2 NAME	
STREET ADDRESS	1285 FLORIDA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CARDWELL, BOBBY	4.2 NAME	
STREET ADDRESS	340 WILLIAMS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LONG, MICHAEL	5.2 NAME	
STREET ADDRESS	425 N MULBERRY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DEMOTT	6.2 NAME	
STREET ADDRESS	645 N MULBERRY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	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)(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: Elizabeth Lawrence Elizabeth Lawrence Jan. 12, 95 997-4410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026TCM