SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000000925 (8)**

1. Corporation Name

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
FIRE DEPARTMENT HWY 301 BRYCEVILLE FL	FIRE DEPARTMENT HWY 301 BRYCEVILLE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3046878 ☐ 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 ☐ — FILING FEE IS $61.25
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MALONEY, FRANK E JR
5 MACCLENNY AVE.
MACCLENNY FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☒ Addition
NAME	MCCUBBIN, LANCE	12 NAME	Michael Stokes
STREET ADDRESS	P.O. BOX 69	13 STREET ADDRESS	PO Box 161
CITY-ST-ZIP	BRYCEVILLE FL 32009	14 CITY-ST-ZIP	Bryceville, FL 32009
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FOURAKER, LESTER	22 NAME	
STREET ADDRESS	P.O. BOX 7	23 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARKER, DONALD SR	32 NAME	
STREET ADDRESS	RT. 1, BOX 684-B	33 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FOURAKER, EUGENE	42 NAME	
STREET ADDRESS	P.O. BOX 6	43 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KEN	52 NAME	
STREET ADDRESS	RT. 1, BOX 676-B	53 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL 32009	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	WEST, ROGER	62 NAME	Tommy Reed
STREET ADDRESS	RT. 2 BOX 1105	63 STREET ADDRESS	Rt 2 Box 1077
CITY-ST-ZIP	BRYCEVILLE FL 32009	64 CITY-ST-ZIP	Bryceville, FL 32009

CR2E037 (3/95)

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: Ken A. Johnson — Ken A. Johnson — 7-24-95 — 904-3547675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010050