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

APPROVED AND FILED

95 FEB 15 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728050 (6)

1. Corporation Name

CRAWFORDVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
~~LUGAR DE NEGOCIO~~	~~DIRECCION POSTAL~~
88 CEDAR LANE	88 CEDAR LANE
CRAWFORDVILLE FL 32326	CRAWFORDVILLE FL 32326
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2381251 ☐ 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
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

HARVEY, ALLEN SR
RT 5 BOX 2250
264 TRICE LANE
CRAWFORDVILLE FL 32327

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 _____ 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	V	1.1 TITLE		☐ Change ☐ Addition
NAME	HARVEY, ALLEN	1.2 NAME		
STREET ADDRESS	264 TRICE LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	HARVEY, MONICA	2.2 NAME	Paul Davenport	
STREET ADDRESS	RT 5 BOX 2250 TRICE LANE	2.3 STREET ADDRESS	RT. 5 Box 2618	
CITY-ST-ZIP	CRAWFORDVILLE FL	2.4 CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	T	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GENTRY, JEFF	3.2 NAME	Fred Carlin	
STREET ADDRESS	RT 5 BOX 2144	3.3 STREET ADDRESS	P.O Box 565 N/W	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	Crawfordville, FL 32326	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTS, CATHY	4.2 NAME	Russ Jarvis	
STREET ADDRESS	RT 6 BOX 8155	4.3 STREET ADDRESS	RT. 5 Box 2053	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	P	5.1 TITLE		☒ Change ☐ Addition
NAME	ALHERSON, JUANITA	5.2 NAME	Darcy Brazier	
STREET ADDRESS	RT 35 BOX 2035 GREEHEA	5.3 STREET ADDRESS	RT. 3 Box 5246	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Crawfordville FL 32327	
TITLE	D	6.1 TITLE	T	☒ Change ☐ Addition
NAME	WAITES, LETTIE	6.2 NAME		
STREET ADDRESS	420 E. PARK #14	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP		

2/17

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: Allen Harvey 1-20-95 925-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Telephone Number)

0027040