

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 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739622 (9)
1. Corporation Name
THE PICCIOLA AREA VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business Mailing Address
P.O. BOX 172 P.O. BOX 172
FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1977 3a. Date of Last Report 04/18/1994
4. FEI Number 59-1756723 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

JOHNSON, CHARLES D
907 WEBSTER STREET
LEESBURG FL 34748

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]
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

02/09/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHAFFER, J. ALLEN
STREET ADDRESS	1219 OSCOLA AVENUE
CITY - ST - ZIP	LEESBURG FL 34748
TITLE	VPR
NAME	PATTON, STEVEN
STREET ADDRESS	1514 W. SCHWARTZ
CITY - ST - ZIP	LADY LAKE FL 32159
TITLE	SB
NAME	GAMBLE, BRIAN
STREET ADDRESS	837 BERRYHILL CIRCLE
CITY - ST - ZIP	FRUITLAND PARK FL 34731
TITLE	TD
NAME	KAUFFMAN, DAVID
STREET ADDRESS	1208 N. LEE ST. LOT 168
CITY - ST - ZIP	LEESBURG FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	VICE PRESIDENT/D
33 STREET ADDRESS	GAMBLE, BRIAN
34 CITY - ST - ZIP	837 BERRYHILL CIRCLE FRUITLAND PARK, FL 34731
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	WILLIAM TILLERY
53 STREET ADDRESS	
54 CITY - ST - ZIP	1922 S. Fennel Circle Leesburg 34748
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 017, Florida Statutes, and that my name appearing in block 12 or block 13 (if changed), or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95
DATE

Daytime Phone #