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
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **701226** **(3)**

1. Corporation Name

THE CONCH KEY VOLUNTEER FIRE DEPARTMENT AND RESC UE SQUAD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% CONCH KEY FIREHOUSE. M.M. 63 R.R. 1. BOX 438 MARATHON FL 33050	% CONCH KEY FIREHOUSE. M.M. 63 R.R. 1. BOX 438 MARATHON FL 33050

3. Date Incorporated or Qualified: 07/21/1960
3a. Date of Last Report: 07/25/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

JOAN M. GREEN
ROUTE 1, BOX 04
SUITE 1
MARATHON FL 33050

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	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	GREENFIELD, HENRY,	12 NAME	Bajusz,John M.
STREET ADDRESS	RT. 1, BOX 525	13 STREET ADDRESS	Rte 1 Box 518
CITY ST ZIP	MARATHON FL 33050	14 CITY ST ZIP	Marathon,Fl. 33050
TITLE	VPD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	HALLADAY, RONALD	22 NAME	Stoll,Bruce A.
STREET ADDRESS	ROUTE 1, BOX 525	23 STREET ADDRESS	Rt2 Box 713 Lemon Ave-Marathon
CITY ST ZIP	MARATHON FL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	STD ☐ Change ☐ Addition
NAME	GREEN, JOAN M.	32 NAME	
STREET ADDRESS	P.O. BOX 501327	33 STREET ADDRESS	SAME
CITY ST ZIP	MARATHON FL 33050	34 CITY ST ZIP	
TITLE	1D	41 TITLE	1D ☒ Change ☐ Addition
NAME	BAJUSZ, JOHN M.	42 NAME	Wagner, Hans
STREET ADDRESS	RT. 1 BOX 518	43 STREET ADDRESS	Rt 1 Box 429
CITY ST ZIP	MARATHON FL 33050	44 CITY ST ZIP	Marathon,ZFL. 33050
TITLE	2D	51 TITLE	2D ☐ Change ☐ Addition
NAME	WAGNER, KARL M.,	52 NAME	Saunders,Diane
STREET ADDRESS	RT. BOX 429	53 STREET ADDRESS	P.O. Box 555-Long Key,FL.
CITY ST ZIP	MARATHON FL 33050	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: John M Bajusz 7-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006597