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: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -3 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702153 (8)

1. Corporation Name
EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC

Principal Place of Business	Mailing Address
1605 SOUTH RIDGEWOOD AVENUE P.O. BOX 1027 EDGEWATER FL 32132 US	P.O. BOX 1027 P.O. BOX 1027 EDGEWATER FL 32132 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1961
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1918051 ☐ 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 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BARLOW, GEORGE
1792 PERSIMMON CIRCLE
EDGEWATER FL 32132

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		☐ Change ☐ Addition
NAME	BARLOW, GEORGE	12 NAME		
STREET ADDRESS	1792 PERSIMMON CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	CPISOMS. STEVE	22 NAME	Cousins, Steve (mis-spelled)	
STREET ADDRESS	2430 MANGO TREE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BARLOW, SUE	32 NAME		
STREET ADDRESS	1792 PERSIMMON CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	LEININGER, DAVE	42 NAME	DALY, Joseph	
STREET ADDRESS	102 EAST CONNECTICUT	43 STREET ADDRESS	143 S. Cory Dr.	
CITY-ST-ZIP	EDGEWATER FL	44 CITY-ST-ZIP	Edgewater, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	COUSINS, PEGGY	52 NAME	ERDMAN, JAMES	
STREET ADDRESS	2430 MANGO TREE DRIVE	53 STREET ADDRESS	2228 Banyon Tree Dr	
CITY-ST-ZIP	EDGEWATER FL	54 CITY-ST-ZIP	Edgewater, FL	
TITLE	TD	61 TITLE	TD	☒ Change ☐ Addition
NAME	PTASZEK, JANET	62 NAME	HAYWARD, Tammy	
STREET ADDRESS	2018 YULE TREE DRIVE	63 STREET ADDRESS	1307 36th. St.	
CITY-ST-ZIP	EDGEWATER FL	64 CITY-ST-ZIP	Edgewater, FL	

7/27/37

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: George W. Barlow — GEORGE W. BARLOW 6/27/95 904-423-1320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017029