

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

90 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704075 (1)

1. Corporation Name

MIDDLEBURG VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4003 EVERETT AVENUE
P. O. BOX 174
MIDDLEBURG FL 32068

4003 EVERETT AVENUE
P. O. BOX 174
MIDDLEBURG FL 32050-0174
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1962

3a. Date of Last Report

04/15/1994

4. FBI Number

NOT APPLICABLE

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. 199.03?
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILCOX, E.W.
1333 STARLING RD.
MIDDLEBURG FL 32068

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
SD	EARLS, HORACE	114 SORRELL ST.	MIDDLEBURG FL
TD	HEIMBACH, LEON	3465 SANDY OAK ROAD	MIDDLEBURG FL
D	BORUM, MARTIN	3809 MAIN STREET	MIDDLEBURG FL
VD	GORDEN, McDONALD	2092 LAUREL DR.	MIDDLEBURG FL
PD	HOOD, CLAIR	2850 FISHER CIR	MIDDLEBURG, FL 00000
M	SILCOX, E.W.	1333 STARLING RD.	MIDDLEBURG, FL 00000

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP
TD	WAIDEN, JERRY	2170 ALLEN MANOR	MIDDLEBURG FL 32068
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
VD	BORUM, DEBBIE	3809 MAIN STREET	MIDDLEBURG FL 32068
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP
D	GORDEN, McDONALD	2092 LAUREL DR	MIDDLEBURG FL 32068
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP
M	FRANKLYN KNOTT	3218 STELLA HALL RD	MIDDLEBURG FL 32068
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP
PD	SILCOX, E.W.	1333 STARLING RD	MIDDLEBURG, FL 32068

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)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HORACE E. EARLS, JR.

HORACE E. EARLS, JR.

4-27-95

704 269-6530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER