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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **705079** **(2)**

1. Corporation Name
ISLAMORADA VOLUNTEER FIRE AND RESCUE CORPS, INC.

Principal Place of Business	Mailing Address
81850 OVERSEAS HWY ISLAMORADA FL 33036	81850 OVERSEAS HWY ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1963
3a. Date of Last Report: 05/01/1994
4. FEI Number: 70-5079540 ☐ 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 POB 706
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Islamorada, Fl
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 33036 / Country 30 USA

9. Name and Address of Current Registered Agent

MASON, EILEEN
81850 OVERSKIS HIGHWAY
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: KURT RATZLAFF
82 Street Address (P.O. Box Number is Not Acceptable): 123 COCONUT ROW
83: TAVERNIER
84 City: FL 85 Zip Code: 33070

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: KURT RATZLAFF PRESIDENT — DATE: 4/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SKAGGS, VICKI	12 NAME	KURT RATZLAFF D	
STREET ADDRESS	81461 OVERSEAS HWY	13 STREET ADDRESS	123 COCONUT ROW	
CITY-ST-ZIP	ISLAMORADA FL	14 CITY-ST-ZIP	TAVERNIER, FL	
TITLE	PD	21 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	MASON, EILEEN	22 NAME	JASON LYMON D	
STREET ADDRESS	81850 OVERSEAS HWY	23 STREET ADDRESS		
CITY-ST-ZIP	ISLAMORADA FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	TREASURER	☑ Change ☐ Addition
NAME	COCHRAN, MIKE	32 NAME	VICKI SKAGGS D	
STREET ADDRESS	81850 OVERSEAS HWY	33 STREET ADDRESS		
CITY ST ZIP	ISLAMORADA FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	SECRETARY	☑ Change ☐ Addition
NAME		42 NAME	MIKE LEPLEE	
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	CHIEF	☑ Change ☐ Addition
NAME		52 NAME	MIKE COCHRANE	
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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: KURT RATZLAFF — 5/15/95 — 305-664-4657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038918