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
95 MAR -9 AM 9:28

DOCUMENT # 705857 (1)

1. Corporation Name

LAKE HELEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
165 W. OHIO AVENUE PO BOX 952 LAKE HELEN FL 32744	165 W. OHIO AVENUE PO BOX 952 LAKE HELEN FL 32744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1963
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2648552 ☐ Applied For ☐ Not Applicable

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 / 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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, KATHERINE M. 452 SO EUCLID AVE LAKE HELEN FL 32744	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 _____ 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KEESLING, EVAN	1.2 NAME	
STREET ADDRESS	405 OHIO AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CHESTER, KEITH L.	2.2 NAME	
STREET ADDRESS	165 W. OHIO AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	HILTON, JAMES R.	3.2 NAME	
STREET ADDRESS	242 PLEASANT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JUDITH, JONES	4.2 NAME	
STREET ADDRESS	572 JENNINGS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	KEESLING, BETTY R	5.2 NAME	
STREET ADDRESS	405 OHIO AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN, FL 00000	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	AMY, DAVILA	6.2 NAME	
STREET ADDRESS	165 W. OHIO AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE HELEN FL	6.4 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)(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: BETTY R. KEESLING BETTY R. Keesling 1/14/95 904-228-2240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033885