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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:39

DOCUMENT # 706816 (6)

1. Corporation Name

SEBASTIAN VOLUNTEER FIRE DEPARTMENT AND RESCUE S QUAD, INC.

Principal Place of Business	Mailing Address
1640 US 1 PO BOX 539 SEBASTIAN FL 32958	1640 US 1 PO BOX 539 SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1964
3a. Date of Last Report: 02/11/1994
4. FEI 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. 199.032, 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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCCOLLUM, NATHAN B.
1448 LACONIA STREET
SEBASTIAN FL 32958

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 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: - NATHAN McCollum DATE: 1-29-95
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHUM, GEORGE	1.2 NAME		
STREET ADDRESS	750 LAYPORT DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, FLOYD	2.2 NAME		
STREET ADDRESS	590 FUTCH WAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, JACK	3.2 NAME		
STREET ADDRESS	1553 GLENTRY LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKHURST, LEROY	4.2 NAME		
STREET ADDRESS	INDIAN RIVER ACRES	4.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTION FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	DUNCAN, FRED	5.2 NAME	Anne Parkhurst	
STREET ADDRESS	591 CITRUS AVE	5.3 STREET ADDRESS	Indian River Acres	
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	Sebastian, FL 32958	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	MCCOLLUM, NATHAN	6.2 NAME		
STREET ADDRESS	1448 LACONIA STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN 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: 1-29-95 407-567-2154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004671