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

APPROVED AND FILED
95 APR 25 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707460 (2)

1. Corporation Name
LADIES AUXILIARY TO THE SOUTH VENICE AREA VOLUNTEER FIRE DEPARTMENT INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
280 ALLIGATOR DRIVE SOUTH VENICE FL 34293	280 ALLIGATOR DRIVE SOUTH VENICE FL 34293

3. Date Incorporated or Qualified: 06/19/1964
3a. Date of Last Report: 10/07/1994
4. FEI Number: 59-1730322 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
BRADLEY, CRAIG 280 ALLIGATOR DR. VENICE FL 34293	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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMONS, JEAN	1.2 NAME	
STREET ADDRESS	4381 GROBE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADLEY, KATHY	2.2 NAME	
STREET ADDRESS	280 ALLIGATOR DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WAGNER, CARROLYN	3.2 NAME	
STREET ADDRESS	5538 HAYDEN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	CATALANO, KATHY	4.2 NAME	Secretary Stacy Carmack
STREET ADDRESS	31 SPORTSMAN TERRACE	4.3 STREET ADDRESS	2041 Redfern Rd.
CITY-ST-ZIP	ROTUNDA WEST FL 33947	4.4 CITY-ST-ZIP	Venice, Fla 34293
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Kathy Bradley Kathy Bradley April 6 1995 813-493-2301
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

000443