**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)**

NONPROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **709100** **(2)**

1. Corporation Name
**HALIFAX VOLUNTEER FIREMENS ASSOCIATION AND RESCU E SQUAD, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1208 8TH ST.<br>DAYTONA BCH FL 32114<br>US | E SQUAD, INC.<br>PO BOX 730065D<br>ORMOND BCH FL 32173-0065<br>US |

3. Date Incorporated or Qualified: 06/08/1965
3a. Date of Last Report: 05/01/1994
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 ☐ **FILING FEE IS $61.25**
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 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

WALKER, RONALD S
3601 EAGLE ROCK
ORMOND BCH FL 32174

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 617.0502 and 617.1508, 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 617.0503, 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 | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | CASE, WILLIAM R | 12 NAME | | |
| STREET ADDRESS | 1561 CULVERHOUSE DR. | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLY HILLS FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | D | ☒ Change ☐ Addition |
| NAME | MYLES, ALFRED | 22 NAME | Myles, ALFRED | |
| STREET ADDRESS | 1204 DERBYSHIRE RD. | 23 STREET ADDRESS | 1208 PINE Ridge DR. | |
| CITY-ST-ZIP | HOLLY HILL FL | 24 CITY-ST-ZIP | Holly Hill, FL 32117 | |
| TITLE | V | 31 TITLE | D | ☒ Change ☐ Addition |
| NAME | ZIMMER, RAYMOND | 32 NAME | Zimmer, RAYMOND | |
| STREET ADDRESS | 959 GARDENIA | 33 STREET ADDRESS | 959 GARDENIA | |
| CITY-ST-ZIP | DAYTONA BCH FL | 34 CITY-ST-ZIP | DAYTONA Bch, FL, | |
| TITLE | D | 41 TITLE | V | ☒ Change ☐ Addition |
| NAME | LALONDE, LLOYD | 42 NAME | LALONDE, LLoyd | |
| STREET ADDRESS | RT 2 34 TWIN RIVER DR. | 43 STREET ADDRESS | RT 2 34 TWIN RIVER DR | |
| CITY-ST-ZIP | ORMOND BEACH FL | 44 CITY-ST-ZIP | Ormond Bch, FL 32174 | |
| TITLE | T | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | JENNETTEN, MARC S | 52 NAME | | |
| STREET ADDRESS | 1207 DENEECE TERR | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLY HILL FL 18 | 54 CITY-ST-ZIP | | |
| TITLE | P | 61 TITLE | P | ☒ Change ☐ Addition |
| NAME | WALKER, RONALD S | 62 NAME | Jewell, DAVID | |
| STREET ADDRESS | 3601 EAGLE ROCK | 63 STREET ADDRESS | 610 ORCHARD AVE | |
| CITY-ST-ZIP | ORMOND BCH FL | 64 CITY-ST-ZIP | ORmond Bch, FL 32174 | |

CR2E037 (3/95)

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:** Marc S Jennetten MARC S. JENNETTEN 7-15-95 (904) 767-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017074