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 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709830 (4)

1. Corporation Name

SWITZERLAND VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
2059 STATE ROAD 13 JACKSONVILLE FL 32259-9256	2059 STATE ROAD 13 JACKSONVILLE FL 32259-9256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1965
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2959604 ☐ 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
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

WHITE, NEALY
1620 RAINCROW DRIVE
JACKSONVILLE FL 32259

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 _____ 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	PD	1.1 TITLE ☐ Change ☐ Addition
NAME	WHITE, NEALY	1.2 NAME
STREET ADDRESS	1620 RAINCROW DRIVE	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1/
TITLE	SD	2/ ☐ Change ☐ Addition
NAME	GLAVIN, MARY	2
STREET ADDRESS	860 GROVE BLUFF CIRCLE, N	1
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	on
NAME	SPEELMAN, VICKI A	
STREET ADDRESS	1380 SCOTT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	lition
NAME	HOBBS, ED	
STREET ADDRESS	1299 FRUIT COVE ROAD, S.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	dition
NAME	QUINTON TAPLEY	
STREET ADDRESS	1197 WEDGEWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	ddition
NAME	SWAN, SKIP	
STREET ADDRESS	2229 REMINGTON PARK ROAD	83 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	84 CITY-ST-ZIP

no changes
VP-
Treasurer
MAR 08 1995

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: Nealy M. White Nealy M. White 3-8-95 (904)287-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028760