

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 13 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****68.75 *****68.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # 710191 (8)
1. Corporation Name
VILLAGE-HILLS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
7443 WILSON BOULEVARD 7443 WILSON BOULEVARD
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

3. Date Incorporated or Qualified 01/12/1966 3a. Date of Last Report 03/08/1994
4. FBI Number 26-0841682 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
JACKSONVILLE FIRE STATION 31
7443 WILSON BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Timothy C. Labonte TIMOTHY C. LABONTE VICE PRESIDENT 08/28/1995
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME JOHNSON, DONALD
STREET ADDRESS 4317 MELLISSA COURT
CITY-ST-ZIP JACKSONVILLE FL 32210
TITLE TD
NAME ADAMS, KEITH
STREET ADDRESS 10050 NOROAD
CITY-ST-ZIP JACKSONVILLE FL
TITLE VD
NAME CLARK, JEFFREY J
STREET ADDRESS 9580 SANDLER ROAD
CITY-ST-ZIP JACKSONVILLE FL 32222
TITLE SD
NAME KREIGER, DAVID
STREET ADDRESS 4541 MELVIN CIR EAST
CITY-ST-ZIP JACKSONVILLE FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DAVID KREIGER
1.3 STREET ADDRESS 4541 MELVIN CIR. EAST
1.4 CITY-ST-ZIP JACKSONVILLE FL 32210
2.1 TITLE TD ☒ Change ☐ Addition
2.2 NAME MITCHELL PRICE
2.3 STREET ADDRESS 8491 BANDERA CIR. EAST
2.4 CITY-ST-ZIP JACKSONVILLE FL 32244
3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME TIMOTHY LABONTE
3.3 STREET ADDRESS 8370 FIRE FLY LN
3.4 CITY-ST-ZIP JACKSONVILLE FL 32244
4.1 TITLE SD ☒ Change ☐ Addition
4.2 NAME TRACY MOSSMAN
4.3 STREET ADDRESS PO BOX 14306 N/A
4.4 CITY-ST-ZIP JACKSONVILLE FL 32238
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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: Timothy C. Labonte TIMOTHY C. LABONTE 03/08/95 (904) 573 0679
3-13-95