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 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710284 (1)

1. Corporation Name
HOMOSASSA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
8404 W. HOMOSASSA TRAIL HOMOSASSA FL 34447 US	P.O. BOX 516 HOMOSASSA FL 34447 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1966
3a. Date of Last Report: 07/06/1994
4. FEI Number: 59-2350118 ☐ 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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent
MIRE, GEORGE H.(BUTCH)
4227 S ALABAMA ST
HOMOSASSA FL 32646

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, SHANNON	1.2 NAME	
STREET ADDRESS	3675 S.E PARKWAY, APT. B	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	☐ Change ☐ Addition
NAME	WARD, LAVON	2.2 NAME	100001432061
STREET ADDRESS	10281 W. MAIN ST.	2.3 STREET ADDRESS	-03/16/95--01101--005
CITY-ST-ZIP	HOMOSASSA FL 34446	2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	MIRE, ALAN D.	3.2 NAME	
STREET ADDRESS	2222 S. BOLTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, ROBERT	4.2 NAME	
STREET ADDRESS	P.O. BOX 293 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA SPRINGS FL 34447	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	MIRE, GEORGE H.	5.2 NAME	
STREET ADDRESS	4227 S ALABAMA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SCALZI, TIM	6.2 NAME	
STREET ADDRESS	7068 W. MIST FLOWER PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL 34446	6.4 CITY-ST-ZIP	

5/15/95 MST

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: Lavon Ward 1-26-95 904 628 3346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004856