

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 02/01/1966
3a. Date of Last Report 03/15/1995
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
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 29 Country 30 Country

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 LAVON WARD
82 Street Address (P.O. Box Number is Not Acceptable)
7744 W. DROVER ST
83
84 City Homosassa FL 85 Zip Code 34446

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 *Lavon Ward*

Signature, typed or printed name of registered agent; and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 6-7-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	PHILLIPS, SHANNON	3875 S.E. PARKWAY, APT. B	HOMOSASSA FL	<input type="checkbox"/>
TS	WARD, LAVON	10281 W. MAIN ST.	HOMOSASSA FL 34446	<input type="checkbox"/>
V	MIRE, ALAN D.	2222 S. BOLTON AVE.	HOMOSASSA FL	<input checked="" type="checkbox"/>
D	NELSON, ROBERT	P.O. BOX 283 N/A	HOMOSASSA SPRINGS FL 34447	<input type="checkbox"/>
P	MIRE, GEORGE H.	4227 S ALABAMA ST	HOMOSASSA FL	<input checked="" type="checkbox"/>
D	SCALZI, TIM	7968 W. MIST FLOWER PLACE	HOMOSASSA FL 34448	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P/D	PHILLIPS, SHANNON	3273 S. Alabama Ave	Homosassa, FL 34446	<input checked="" type="checkbox"/>
TS	LAVON WARD	7744 W DROVER ST	Homosassa, FL 34446	<input checked="" type="checkbox"/>
V/D	Sean Lewis	P.O. BOX 91 NA	Homosassa FL 34447	<input checked="" type="checkbox"/>
D	Harvey Krick	7521 Iroquois ST	Homosassa FL 34446	<input checked="" type="checkbox"/>
		100001884781	-07/05/96--01031--023	<input type="checkbox"/>
		***61.25		<input type="checkbox"/>

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)