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 MAY -1 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **711131** **(3)**

1. Corporation Name
4 COMMUNITIES FIRE DEPARTMENT

Principal Place of Business	Mailing Address
~~1063 HIBISCUS CT~~ 4870 N,U,S. 1 ~~COCOA FL 00000~~ Sharpes, Fl. 32959	~~1063 HIBISCUS CT~~ P.O. Box 227 ~~COCOA FL 00000~~ Sharpes, Fl. 32959

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1966
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-1802506 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAMISON, GEORGE
711 ALCAZAR AVE
COCOA FL 32927

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	P	1.1 TITLE	S ☒ Change ☐ Addition
NAME	WORKMAN, WC, JR.	1.2 NAME	Margaret M. McGovern
STREET ADDRESS	1087 HIBISCUS ST.	1.3 STREET ADDRESS	5640 Hastings Street
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP	Cocoa, Fl. 32927
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	~~WALTON, BOBBIE~~ EXPIRED	2.2 NAME	
STREET ADDRESS	~~1063 HIBISCUS CT~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~COCOA FL 00000~~	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, MARGARET	3.2 NAME	
STREET ADDRESS	5060 PINE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JAMISON, GEORGE	4.2 NAME	
STREET ADDRESS	711 ALCAZAR AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ERENTREICH, CARL	5.2 NAME	
STREET ADDRESS	4470 GREENHILL ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOWE, LARRY	6.2 NAME	
STREET ADDRESS	321 SPRING ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	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 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: Margaret M. McGovern Margaret M. McGovern 4/17/95 407 632-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000873