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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12:15
TALLAHASSEE FLORIDA

DOCUMENT # 713670 (8)

1. Corporation Name
TIMBERLANE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
4925 TIMBERLANE ROAD LAKE WALES FL 33853	4925 TIMBERLANE ROAD LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1967
3a. Date of Last Report: 02/11/1994
4. FEI Number: 56-6089533 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

MCPHERSON, H S
6748 SPINNER DR
LAKE WALES FL 33853

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	T	☑ Change ☐ Addition
NAME	MCPHERSON, H S	1.2 NAME	Ward, E.C.	
STREET ADDRESS	6748 SPINNER DR	1.3 STREET ADDRESS	5536 Lakeside Dr	
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Lake Wales, FL	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, MAURICE F	2.2 NAME		
STREET ADDRESS	5524 LAKESIDE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHEICK, E.H.	3.2 NAME		
STREET ADDRESS	5201 TIMBERLANE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	ROGERS, B J	4.2 NAME		
STREET ADDRESS	2542 SNAPPING TURTLE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WARD, E.C.	5.2 NAME		
STREET ADDRESS	5536 LAKESIDE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	COATNEY, BENNY	6.2 NAME		
STREET ADDRESS	BENTIYOKE CT	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES 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: H.S. McPherson 4/1/95 813-439-2255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

H.S. McPherson

600037