

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 FEB 15 PM 3:23

DOCUMENT # 716574 (9)

1. Corporation Name

PAISLEY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

HWY 42
BOX 169
PAISLEY FL 32767

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BOX 169
PAISLEY FL 32767

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1969

3a. Date of Last Report

07/22/1994

4. FEI Number

59-1704224

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

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEIDBREDER, FRED
FISHERMANS RD
PAISLEY FL 32767

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME CONNER, ANNA
STREET ADDRESS FOREST RD #38
CITY-ST-ZIP PAISLEY, FL 00000

TITLE T
NAME BORGMAN, CLARA
STREET ADDRESS SUNSET DRIVE
CITY-ST-ZIP PAISLEY, FL 00000

TITLE P
NAME CONNER, ELLIS
STREET ADDRESS 44200 TRANSFER ROAD
CITY-ST-ZIP PAISLEY, FL 00000

TITLE D
NAME CONNERS, GEORGE
STREET ADDRESS FOREST RD #38
CITY-ST-ZIP PAISLEY, FL 00000

TITLE D
NAME THURMAN, WILLIAM
STREET ADDRESS 25010 CASTLE ST
CITY-ST-ZIP PAISLEY FL

TITLE D
NAME RENDELL, BERYL
STREET ADDRESS EAST RD
CITY-ST-ZIP PAISLEY, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2-10-95

Date

Signature/Printed Name

904-669-2412

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