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 -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718866 (7)

1. Corporation Name

THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business	Mailing Address
700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN FL 33854-5575	700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN FL 33854-5575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2645258 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SAWYER, PHILIP
13 FEDHAVEN DR.
FEDHAVEN FL 33854

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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SAWYER, PHILIP	1.2 NAME	
STREET ADDRESS	13 FEDHAVEN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAMBIASE, RICHARD J.	2.2 NAME	
STREET ADDRESS	1 FEDHAVEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN, FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	DOLCE, LARRY	3.2 NAME	
STREET ADDRESS	272 FEDHAVEN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	DAMATO, DTEVE	4.2 NAME	
STREET ADDRESS	104 FEDHAVEN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	CAYNOR, RESSELL	5.2 NAME	
STREET ADDRESS	376 FEDHAVEN DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL	5.4 CITY-ST-ZIP	
TITLE	VT	6.1 TITLE	☐ Change ☐ Addition
NAME	SEVELA, JOSEPH	6.2 NAME	
STREET ADDRESS	130 FEDHAVEN CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN 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)(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: Richard Lambiase Richard J. LAMBIASE 3/1/95 813-626-4401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0058877