

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 24 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **720472** (0)
1. Corporation Name
ANTHONY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
9591 NE 21ST AVE 9591 NE 21ST AVE
PO BOX 325 PO BOX 325
ANTHONY FL 32617-0325 ANTHONY FL 32617-0325

3. Date Incorporated or Qualified **03/10/1971** 3a. Date of Last Report **02/07/1994**
4. FEI Number **59-1938639** Applied For
Not Applicable

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

5. Certificate of Status Desired \$0.75 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

10. Name and Address of New Registered Agent

STEPHENSON PAUL
9591 NE 21ST AVE
P.O. BOX 325
ANTHONY FL 32617

81. Name **Decker Robert C.**
82. Street Address (P.O. Box Number is Not Acceptable)
9591 N.E. 21st Ave
83. ~~P.O. Box 325~~
84. City **Anthony** FL 85. Zip Code **32617**

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 *Robert C. Decker* *Chairman* *Feb 13th 95*
Signature, typed or printed name of registered agent, and the date applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE D	BROADERICK, CHARLES L 9591 NE 21ST AVE ANTHONY, FL 00000
TITLE DST	BROADERICK, CHARLES C 9591 NE 21ST AVE ANTHONY, FL 00000
TITLE D	FOILES, LAURA 9501 NE 21ST AVE ANTHONY, FL 00000
TITLE D	DECKER, ROBERT 9501 NE 21ST AVE ANTHONY, FL 00000
TITLE DC	STEPHENSON, PAUL 9501 NE 21ST AVE ANTHONY FL
TITLE	NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DECKER ROBERT C
1.2 NAME	9591 NE, 21ST AVE
1.3 STREET ADDRESS	ANTHONY, FL
1.4 CITY - ST - ZIP	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PREISS KENT
2.2 NAME	9591 NE, 21ST AVE
2.3 STREET ADDRESS	ANTHONY, FL
2.4 CITY - ST - ZIP	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MIMMS KELLY
3.2 NAME	9591 N.E. 21ST AVE
3.3 STREET ADDRESS	ANTHONY, FL
3.4 CITY - ST - ZIP	
4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BARBATO ERASMUS
4.2 NAME	9591 N.E. 21ST AVE
4.3 STREET ADDRESS	ANTHONY, FL
4.4 CITY - ST - ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT REIDENBACH
5.2 NAME	9591 N.E. 21ST AVE
5.3 STREET ADDRESS	ANTHONY, FL
5.4 CITY - ST - ZIP	
6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PAUL BARBATO
6.2 NAME	9591 N.E. 21ST AVE
6.3 STREET ADDRESS	ANTHONY, 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 afforded in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert C. Decker, Chairman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 1995 904-368-1921
DATE (Type in 4 digits)