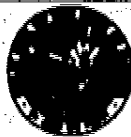


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722005 (6)

1. Corporation Name

SALT SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

25054 NE COUNTY RD. 316
P.O. BOX 5108
FT. MCCOY FL 32134-5108

25054 NE COUNTY RD. 316
P.O. BOX 5108
FT. MCCOY FL 32134-5108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/29/1971	3a. Date of Last Report 04/15/1995
4. FEI Number 23-7206215	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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OVERLY, SHARON A
12760 NE 244TH TERR
SALT SPRINGS FL 32134

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 Sharon A. Overly - Sharon A. Overly DATE April 15, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HARPOLD, JAMES E.	1.2 NAME	
STREET ADDRESS	12631 NE 243 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT MCCOY FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	COMSTOCK, NAN B.	2.2 NAME	
STREET ADDRESS	24940 N.E. 138TH LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MCCOY FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LIEBL, RUTH	3.2 NAME	
STREET ADDRESS	14370 NE 209 TERR. RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	OVERLY, SHARON A	4.2 NAME	
STREET ADDRESS	12750 NE 244TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SALT SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, SALLY	5.2 NAME	
STREET ADDRESS	15175 NE 248 AVE. RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT MCCOY FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	BISHOP, KENNETH	6.2 NAME	
STREET ADDRESS	8445 NE 310 AVE.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT MCCOY 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon A. Overly DATE April 15, 1995 (704) 685-5121