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 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: 04/15/1994
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
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**

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

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 Sharon A. Overly - Sharon A. Overly — April 15, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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. 136TH 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	D ☑ Change ☐ Addition
NAME	BISHOP, KENNETH	6.2 NAME	PAYTON, ETHEL
STREET ADDRESS	8445 NE 310 AVE.	6.3 STREET ADDRESS	25242 N.E. 137TH PL.
CITY-ST-ZIP	FT MCCOY FL	6.4 CITY-ST-ZIP	Salt Springs, FL 32134

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: Sharon A. Overly — Sharon A. Overly — April 15, 1995 — (904)685-3121
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #