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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:21

DOCUMENT # 725921 (1)

1. Corporation Name
FT. MCCOY-EUREKA VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
STATE RD 316 2 MILES E OF ST 315 P.O. BOX 432 FT MCCOY FL 32134	STATE RD 316 2 MILES E OF ST 315 P.O. BOX 432 FT MCCOY FL 32134

3. Date Incorporated or Qualified: 03/26/1973
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-1710708 ☐ 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 13150 E Hwy 316	26
Suite, Apt. #, etc. 22 Ft McCoy, FL	Suite, Apt. #, etc. 27 13150 E Hwy 316
City & State 23	City & State 28 Ft McCoy, FL
Zip 24 32134 Country 25 Marion	Zip 29 32134 Country 30 Marion

9. Name and Address of Current Registered Agent

GREER, CHARLES
WEST 316 FIRE TOWER
FT. MCCOY FL 32637

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	P	1.1 TITLE	P ☑ Change ☐ Addition
NAME	GREER, CHARLES	1.2 NAME	Greer, Charles
STREET ADDRESS	WEST 316 FIRE TOWER	1.3 STREET ADDRESS	6530 SW 165 St
CITY-ST-ZIP	FT. MCCOY FL	1.4 CITY-ST-ZIP	Dunnellon, FL 34432-7556
TITLE	V	2.1 TITLE	V ☑ Change ☐ Addition
NAME	WILLIAMS,HANK	2.2 NAME	Brown, Lillian
STREET ADDRESS	SOUTH RIVER RD.	2.3 STREET ADDRESS	Kerr Shores
CITY-ST-ZIP	FT MCCOY FL	2.4 CITY-ST-ZIP	Ft McCoy, FL 32134
TITLE	BD	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, JOE	3.2 NAME	
STREET ADDRESS	CR-316 EUREKA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	3.4 CITY-ST-ZIP	
TITLE	BD	4.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, RICHARD	4.2 NAME	
STREET ADDRESS	CR-316 EUREKA	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MCCOY FL	4.4 CITY-ST-ZIP	
TITLE	BD	5.1 TITLE	☐ Change ☐ Addition
NAME	CUSTER, KERN W.	5.2 NAME	
STREET ADDRESS	CR-316 EUREKA	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT.MCCOY FL	5.4 CITY-ST-ZIP	
TITLE	BD	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, LILLIAN	6.2 NAME	
STREET ADDRESS	KERR SHORES	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 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: Charles Greer 1-26-95 (904)854-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0025865