

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

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # - 727271 (9)**

1. Corporation Name  
**FORREST HILLS VOLUNTARY FIRE DEPARTMENT, INC.**

Principal Place of Business Mailing Address  
**43927 COOTER POND ROAD DELAND FL 32720**      **43927 COOTER POND ROAD DELAND FL 32720**

**APPROVED AND FILED**  
**95 APR 24 AM 9:03**  
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/28/1973**      3a. Date of Last Report **06/21/1994**  
4. FEI Number **NOT APPLICABLE**      Applied For  Not Applicable   
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TALLY, LOU**  
**822 N. DONNELLY ST.**  
**MT DORA FL 32757**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>COLTSON, RODNEY</b>
STREET ADDRESS	<b>31911 SKYLINE DR</b>
CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>S</b>
NAME	<b>ELL, CAROL</b>
STREET ADDRESS	<b>43729 BEAR LAKE BLVD.</b>
CITY - ST - ZIP	<b>DELAND, FL 00000</b>
TITLE	<b>V</b>
NAME	<b>KIMBALL, PAUL D.</b>
STREET ADDRESS	<b>31235 W. LAKESIDE DRIVE</b>
CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>TD</b>
NAME	<b>MARLOW, SUZANNE</b>
STREET ADDRESS	<b>43927 COOTER POND ROAD</b>
CITY - ST - ZIP	<b>DELAND, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>COLTSON, DEE</b>
STREET ADDRESS	<b>31911 SKYLINE DR</b>
CITY - ST - ZIP	<b>DELAND FL</b>
TITLE	<b>D</b>
NAME	<b>VANDERPOOL, MARY</b>
STREET ADDRESS	<b>31242 LAKE DRIVE</b>
CITY - ST - ZIP	<b>DELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rodney Lee Colton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95  
Date Daytime Filing #