# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:31

DOCUMENT # 731724 (1)

1. Corporation Name
POINCIANA VOLUNTEER FIRE DEPARTMENT, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 398 S MARIGOLD AVE<br>POINCIANA FL 34759 | 398 S MARIGOLD AVE<br>POINCIANA FL 34759 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1975
3a. Date of Last Report: 11/08/1994
4. FEI Number: 59-1756736 (Applied For / Not Applicable)

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

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

9. Name and Address of Current Registered Agent

GARRINGER, JEFFREY
398 S. MARIGOLD
POINCIANA FL 34758

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: [signature] Jeffrey J. Garringer Treasurer/Director 1/24/95
(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 | PALMA, DIXON | 1.2 NAME | |
| STREET ADDRESS | 662 ROYALTY CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | VELEZ, JAMIE | 2.2 NAME | |
| STREET ADDRESS | 134 BIANCA | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WAGNER, JOSEPH | 3.2 NAME | |
| STREET ADDRESS | 1041 HERON CT. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | POINCIANA FL 34759 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | GARRINGER, JEFFREY | 4.2 NAME | |
| STREET ADDRESS | 656 MADRID DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | MERSTON, HENRY | 5.2 NAME | |
| STREET ADDRESS | 658 BROCKTON | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KISSIMMEE FL 34758 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: [signature] Jeffrey J. Garringer 1/24/95 407-933-0237
(Date) (Daytime Phone #)
PRINCIPAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000301