

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
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53 MAY -1 AM 10:15

DOCUMENT # **732587** (1)

1. Corporation Name
ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 5 P O BOX 5 ORANGE SPRINGS FL 32182	P. O. BOX 5 P O BOX 5 ORANGE SPRINGS FL 32182

3. Date Incorporated or Qualified 04/28/1975	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1921144	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

HEWETT, HUBERT
23585 N.E. 130TH AVENUE
ORANGE SPRGS FL 32682

10. Name and Address of New Registered Agent

81 Name **JACK E. LOCKIE**
82 Street Address (P.O. Box Number is Not Acceptable) **ORANGE SPRINGS, 10767 NE 227 PL RD FL 32182**
83
84 City **ORANGE SPRINGS** FL 85 Zip Code **32182**

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 607.0502, Florida Statutes.

SIGNATURE *Hubert Hewett* PRESIDENT DATE **5-2-95**

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BASS, ROSS
STREET ADDRESS	11800 NE 220 STREET
CITY - ST - ZIP	FT MCCOY FL
TITLE	T
NAME	LOCKE, LUCILLE
STREET ADDRESS	10767 NE 227 PL ROAD
CITY - ST - ZIP	ORANGE SPRINGS FL
TITLE	S
NAME	SENSENIG BEVERLY
STREET ADDRESS	11515 NE 225TH PLACE
CITY - ST - ZIP	ORANGE SPRINGS FL
TITLE	D
NAME	CARPENTER, JAMES
STREET ADDRESS	22696 NE 130TH COURT ROAD
CITY - ST - ZIP	FT MCCOY FL
TITLE	D
NAME	FRAME, DAVID
STREET ADDRESS	22620 NE 112TH TERRACE
CITY - ST - ZIP	ORANGE SPRINGS FL 32682
TITLE	D
NAME	HICKS, IDELLA L
STREET ADDRESS	10878 NE 227 PL RD
CITY - ST - ZIP	ORANGE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P
13 STREET ADDRESS	Jack Locke
14 CITY - ST - ZIP	10767 NE 227 pl rd Orange Springs
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	S
23 STREET ADDRESS	Beverly Sensenig
24 CITY - ST - ZIP	11515 NE 225th Pl, Orange Springs
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D
33 STREET ADDRESS	James Carpenter
34 CITY - ST - ZIP	22696 NE 130th Ct Rd Ft McCoy, Fl
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D
43 STREET ADDRESS	David Frame
44 CITY - ST - ZIP	22620 NE 112th Terr Orange Springs
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	Donald Murray
54 CITY - ST - ZIP	22715 NE 130 Ct Rd FT McCoy
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	T
63 STREET ADDRESS	Lucille Locke
64 CITY - ST - ZIP	10767 Ne 227th pl rd Orange Springs

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)(b), 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: *Beverly Sensenig* DATE: **4/11/95** SYSTEM: **546-4162**