

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **732587** (1)
1. Corporation Name
ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.



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

3. Date Incorporated or Qualified **04/28/1975** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1921144** 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
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. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
LOCKE, JACK E.
10767 NE 227PL RD
ORANGE SPRGS FL 32182

10. Name and Address of New Registered Agent
81 Name **David Frame**
82 Street Address (P.O. Box Number is Not Acceptable) **22620 N.E. 112th Terrace**
83
84 City **Orange Springs** FL 85 Zip Code **32182**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE David Frame *David Frame* 4/9/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, JACK	
STREET ADDRESS	10767 NE 27 PL RD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SENSENI, BEVERLY	
STREET ADDRESS	11515 NE 225TH PL	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, JAMES	
STREET ADDRESS	22696 NE 130TH CT RD	
CITY-ST-ZIP	FT MCCOY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAME, DAVID	
STREET ADDRESS	22620 NE 112TH TERR	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRAME, DAVID	
STREET ADDRESS	22620 NE 112TH TERRACE	
CITY-ST-ZIP	ORANGE SPRINGS FL 32682	
TITLE	D	<input checked="" type="checkbox"/> DELETE
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		
1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Frame	
1.3 STREET ADDRESS	22620 N.E. 112th Terrace	
1.4 CITY-ST-ZIP	Orange Springs Fl 32182	
2.1 TITLE	S D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beverly D. Sensenig	
2.3 STREET ADDRESS	11515 N.E. 225th Place	
2.4 CITY-ST-ZIP	Orange Springs FL 32182	
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Margaret Frame	
3.3 STREET ADDRESS	22620 N.E. 112th Terrace	
3.4 CITY-ST-ZIP	Orange Springs FL 32182	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Carpenter	
4.3 STREET ADDRESS	22696 N.E. 130th Court Road	
4.4 CITY-ST-ZIP	Orange Springs FL 32182	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Clyde Hellinger	
5.3 STREET ADDRESS	23525 N.E. 110th Court	
5.4 CITY-ST-ZIP	Orange Springs FL 32182	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eugene Sensenig	
6.3 STREET ADDRESS	11515 N.E. 225th Place	
6.4 CITY-ST-ZIP	Orange Springs FL 32182	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David N. Frame **DAVID N. FRAME** 4-9-96 (352) 546-4137
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)