

FILE NOW: FILING FEE IS \$61.25

FILED

**May 20 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732587 (1)
 1. Corporation Name
ORANGE SPRINGS VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business P. O. BOX 5 P O BOX 5 ORANGE SPRINGS FL 32182	Mailing Address P. O. BOX 5 P O BOX 5 ORANGE SPRINGS FL 32182-0005
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3. Date Incorporated or Qualified 04/28/1975	3a. Date of Last Report 04/17/1996
4. FEI Number 59-1921144	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FRAME, DAVID 22620 NE 112TH TERR ORANGE SPRGS FL 32182	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAME, DAVID	1.2 NAME	
STREET ADDRESS	22620 NE 112TH TERR	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENSENIQ, BEVERLY	2.2 NAME	
STREET ADDRESS	11515 NE 225TH PL	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAME, MARGARET	3.2 NAME	
STREET ADDRESS	22620 NE 112TH TERR	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER JAMES	4.2 NAME	
STREET ADDRESS	22696 NE 130TH COURT ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLINGER, CLYDE	5.2 NAME	
STREET ADDRESS	23525 NE 110TH COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENSENIQ, EUGENE	6.2 NAME	
STREET ADDRESS	11515 NE 225TH PLACE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRINGS FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 *Beverly Sensesniq* *Beverly Sensesniq* 5-13-97 546-4162

CR2E037 (9/96)