

FILE NOW: FILING FEE IS \$61.25

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**Jul 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 04/28/1975	
4. FEI Number 59-1921144	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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 BEVERLY D SENSENIG	
82 Street Address (P.O. Box Number is Not Acceptable) 11515 NE 225TH PL	
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: *Beverly D Sensenig* DATE: **7-9-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	FRAME, DAVID	
STREET ADDRESS	22620 NE 112TH TERR	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	SD	<input type="checkbox"/>
NAME	SENSENG, BEVERLY	
STREET ADDRESS	11515 NE 225TH PL	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	FRAME, MARGARET	
STREET ADDRESS	22620 NE 112TH TERR	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	CARPENTER JAMES	
STREET ADDRESS	22696 NE 130TH COURT ROAD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/>
NAME	HELLINGER, CLYDE	
STREET ADDRESS	23525 NE 110TH COURT	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	D	<input type="checkbox"/>
NAME	SENSENG, EUGENE	
STREET ADDRESS	11515 NE 225TH PLACE	
CITY-ST-ZIP	ORANGE SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	CARPENTER, Audrey		
1.3 STREET ADDRESS	22696 NE 130th Court Rd		
1.4 CITY-ST-ZIP	ORANGE SPRINGS, FL 32182		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	NANCOCK, BUFORD		
2.3 STREET ADDRESS	11515 NE 225TH St.		
2.4 CITY-ST-ZIP	ORANGE SPRINGS, FL 32182		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	KANL, PATTY		
5.3 STREET ADDRESS	22056 NE 130th Rd		
5.4 CITY-ST-ZIP	ORANGE SPRINGS FL 32182		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 D Sensenig* **BEVERLY D SENSENIG**

CR2E037 (10/97)