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

APPROVED AND FILED
95 MAR 29 PM 7:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **732653** **(1)**

1. Corporation Name

LADIES AUXILIARY OF THE TRI-VILLAGE VOLUN- TEER FIRE & RESCUE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT 1 BOX 1105 NICEVILLE FL 32578-9606	RT 1 BOX 1105 NICEVILLE FL 32578-9606

3. Date Incorporated or Qualified: **05/05/1975**
3a. Date of Last Report: **02/23/1994**
4. FEI Number: **51-0201983** ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 13837 STATE RD 20	26 13837 STATE ROAD 20
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SMITH, VIRGINIA
RT. 1, BOX 126 V-2
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 295 Persimmon St
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☒ Change ☐ Addition
NAME	ANSTINE, GLORIA	12 NAME		
STREET ADDRESS	RT. 1 BOX 128 V	13 STREET ADDRESS	4452 CEDAR ST	
CITY-ST-ZIP	FREEPORT FL	14 CITY-ST-ZIP	32439	
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	SMITH, VIRGINIA	22 NAME		
STREET ADDRESS	RT. 1, BOX 126V-2	23 STREET ADDRESS	295 PERSIMMON ST.	
CITY-ST-ZIP	FREEPORT, FL. 32439	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	BUDZINSKY, CAROL	32 NAME		
STREET ADDRESS	RT 1, BOX 126-W	33 STREET ADDRESS	186 PERSIMMON ST	
CITY-ST-ZIP	FREEPORT FL	34 CITY-ST-ZIP	32439	
TITLE	VP	41 TITLE		☒ Change ☐ Addition
NAME	IDLETT, ESMA L.	42 NAME		
STREET ADDRESS	RT. 1 BOX 1147	43 STREET ADDRESS	14104 STATE ROAD 20	
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP	32578	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: VIRGINIA SMITH Virginia Smith 4-21-95 904 897 3952
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0072480