

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 732653 (1)

1. Corporation Name

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

Principal Place of Business

**13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US**

Mailing Address

**13837 STATE ROAD 20
NICEVILLE FL 32578-9606
US**



3. Date Incorporated or Qualified
05/05/1975

3a. Date of Last Report
04/28/1995

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**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, VIRGINIA
295 PERSIMMON STREET
FREEPORT FL 32439**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **SD** ☒ DELETE
NAME **ANSTINE, GLORIA**
STREET ADDRESS **452 CEDAR STREET**
CITY-ST-ZIP **FREEPORT FL**

TITLE **TD** ☐ DELETE
NAME **SMITH, VIRGINIA**
STREET ADDRESS **295 PERSIMMON STREET**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **PD** ☐ DELETE
NAME **BUDZINSKY, CAROL**
STREET ADDRESS **186 PERSIMMON STREET**
CITY-ST-ZIP **FREEPORT FL**

TITLE **VP** ☒ DELETE
NAME **IDLETT, ESMA L.**
STREET ADDRESS **14104 STATE ROAD 20**
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **RENEE ONEAL**
1.3 STREET ADDRESS **454 PERSIMMON STREET**
1.4 CITY-ST-ZIP **FREEPORT FL. 32439**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **LYDIA DAWKINS**
2.3 STREET ADDRESS **409 PERSIMMON STREET**
2.4 CITY-ST-ZIP **FREEPORT, FL. 32439**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **900001787929** ☐ Change ☐ Addition
5.2 NAME **-04/22/96--01014--039**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: VIRGINIA SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 **904 8973952**
Date Daytime Phone #

CR2E037 (12/95)