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 MAY 16 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735998 (7)

1. Corporation Name

NOMA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
MAIN STREET P.O.BOX 61 NOMA FL 32452	MAIN STREET P.O.BOX 61 NOMA FL 32452

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1976
3a. Date of Last Report: 05/12/1994
4. FEI Number: 59-1969824 ☐ 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	26
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

FLOWERS, KENNETH
503 MAIN ST.
NOMA FL 32452

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

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	PF	1.1 TITLE	☐ Change ☐ Addition
NAME	SKIPPER, ROBERT L.	1.2 NAME	
STREET ADDRESS	RAILROAD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NOMA FL 32452	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCELWAIN, DONALD	2.2 NAME	
STREET ADDRESS	803 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOMA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SKIPPER, GEORGE T.	3.2 NAME	
STREET ADDRESS	105 SKIPPER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOMA FL 32452	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DOZIER, DAVID	4.2 NAME	
STREET ADDRESS	1002 WILLIAMS ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOMA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Kate DIXON (Director) ☑ Change ☐ Addition
NAME	THOMAS, HOSIE	5.2 NAME	
STREET ADDRESS	300 ST. MARKS STREET	5.3 STREET ADDRESS	Rt 2 Box 109A St. Mark St.
CITY-ST-ZIP	NOMA FL 32452	5.4 CITY-ST-ZIP	Noma Florida 32452
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached sheet, with an address.

SIGNATURE: [signature] 4-17-95 263-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000098