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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:02

DOCUMENT # 736290 (8)

1. Corporation Name

THERESSA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
RT. 3. BOX 691 STARKE FL 32091	RT. 3. BOX 691 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 07/06/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 04-0012300 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PREVATT,MYRON C. JR. PALMETTO AT NIGHTINGALE BOX 634 KEYSTONE HEIGHTS FL	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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERSEY, JOHN WAYNE
STREET ADDRESS	HERSEY RD RT 3 BOX 701
CITY ST ZIP	STARKE, FL 00000
TITLE	STD
NAME	GRIFFIS, DAVID Z
STREET ADDRESS	SE 38TH AVE RT 3 BOX 690
CITY ST ZIP	STARKE, FL 00000
TITLE	D
NAME	SULLIVAN, PERCY S, JR
STREET ADDRESS	CR 18 RT 3 BOX 1175
CITY ST ZIP	STARKE, FL 00000
TITLE	VD
NAME	TRIEST, ERNEST E, JR
STREET ADDRESS	TRIEST RD BOX 953
CITY ST ZIP	KEY STONE HGHTS, FL00000
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

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: David Z. Griffis DAVID Z. GRIFFIS APR. 24, 1995 904-964-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022845