

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

DOCUMENT # 736996 (O)

1. Corporation Name

DEER RUN VOLUNTEER FIRE DEPARTMENT, INC.

95 FEB -7 PM 4:10

Principal Place of Business

Mailing Address

4700 DEER RUN ROAD
ST. CLOUD FL 34772

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ST. CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1976

3a. Date of Last Report

02/09/1994

4. FEI Number

59-6000780

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITFIELD, ROY F. JR.
3525 RAMBLER AVENUE
ST. CLOUD FL 34772

POSTED

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MADISON, LOWRY
STREET ADDRESS 4884 MEADOW DR
CITY-ST-ZIP ST. CLOUD FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME HARRIS, THOMAS
STREET ADDRESS 6735 OLD MELBOURNE HWY.
CITY-ST-ZIP ST. CLOUD FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~TD~~
NAME ~~TRIPP, MILLIE E.~~
STREET ADDRESS ~~2001 SEMINOLE RD-~~
CITY-ST-ZIP ~~ST. CLOUD FL~~

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME TD
3.3 STREET ADDRESS GOSNAY, KAREN
3.4 CITY-ST-ZIP 4130 LANSALLER AVE
ST. CLOUD FL 34772

TITLE AVD
NAME WHITFIELD, ROY
STREET ADDRESS 3525 RAMBLER AVENUE
CITY-ST-ZIP ST. CLOUD FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(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:

ROY F. WHITFIELD JR.

1-11-95

407-872-2005

Date

Daytime Phone