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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # 737079 (4)

1. Corporation Name

MOSSY HEAD/OAKWOOD HILLS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
HWY. 1097 NORTH P.O.BOX 1257 MOSSY HEAD FL 32434	HWY. 1097 NORTH P.O.BOX 1257 MOSSY HEAD FL 32434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1976
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-0188470 ☐ 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
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

9. Name and Address of Current Registered Agent

MILLER, GEORGE RALPH
105 E NELSON AVE
DEFUNIAK SPRINGS FL 32433

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	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	BERGLUND, ROBERT	1.2 NAME	Pease, Bruce M.
STREET ADDRESS	P.O. BOX 1207, N/A	1.3 STREET ADDRESS	485 Violet Lane
CITY-ST-ZIP	MOSSY HEAD FL	1.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433
TITLE	D	2.1 TITLE	D ☑ Change ☐ Addition
NAME	PEACOCK, JOHN	2.2 NAME	Peacock, John E.
STREET ADDRESS	RT. 9, BOX 479	2.3 STREET ADDRESS	124 Kelley Place
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	2.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433
TITLE	TD	3.1 TITLE	TD ☐ Change ☑ Addition
NAME	FRAGALE, MELISSA L	3.2 NAME	Lois K Pease
STREET ADDRESS	RT. 9 BOX 446E	3.3 STREET ADDRESS	485 Violet Lane
CITY-ST-ZIP	DEFUNIAK FL	3.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433
TITLE	VD	4.1 TITLE	VD ☑ Change ☐ Addition
NAME	MILLER, LINCOLN	4.2 NAME	Miller, Lincoln
STREET ADDRESS	RT. 9, BOX 200	4.3 STREET ADDRESS	8494 Hwy 90 West
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	4.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	SPRADLIN, JOE	5.2 NAME	Spradlin, Joe
STREET ADDRESS	RT. 9, BOX 473	5.3 STREET ADDRESS	Rt 9 Box 473
CITY-ST-ZIP	DEFUNIAK SPGS. FL	5.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433
TITLE		6.1 TITLE	S ☑ Change ☐ Addition
NAME		6.2 NAME	Sharon B Peacock
STREET ADDRESS		6.3 STREET ADDRESS	124 Kelley Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	DeFuniak Springs Florida 32433

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: Lois K. Pease Treasurer 3/9/95 904-892-0593
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

000387