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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 17 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 737983 (7)

1. Corporation Name
CASSELBERRY VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 95 N. LAKE TRIPLET DR.<br>CASSELBERRY FL 32707 | 95 N. LAKE TRIPLET DR.<br>CASSELBERRY FL 32707 |

3. Date Incorporated or Qualified: 02/02/1977
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2264984 ☐ 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 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

THOMPSON, ANDY
551 IRIS RD
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: ERIC J. STROUP
82 Street Address (P.O. Box Number is Not Acceptable): 117 BURGOS RD
83
84 City: WINTER SPRINGS FL 85 Zip Code: 32708

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 | THOMPSON, ANDY | 1.2 NAME | ERIC J. STROUP | |
| STREET ADDRESS | 551 IRIS RD | 1.3 STREET ADDRESS | 117 BURGOS RD | |
| CITY-ST-ZIP | CASSELBERRY FL | 1.4 CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | VD | 2.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | KIRBY, GREG | 2.2 NAME | DAVE BURTON | |
| STREET ADDRESS | 40 BAYBERRY BRANCH | 2.3 STREET ADDRESS | 609 CAMDEN RD. | |
| CITY-ST-ZIP | CASSELBERRY FL | 2.4 CITY-ST-ZIP | ALTAMONTE SPRINGS FL. 32714 | |
| TITLE | ST | 3.1 TITLE | ST. | ☒ Change ☐ Addition |
| NAME | BURTON, DAVID | 3.2 NAME | ELIAS DEJESUS | |
| STREET ADDRESS | 609 CAMDEN RD | 3.3 STREET ADDRESS | 226 ALMADEN CT | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 3.4 CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | | 4.1 TITLE | TR. | ☒ Change ☐ Addition |
| NAME | | 4.2 NAME | TODD BURNETT | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 448 E. MAGNOLIA AV. | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | LONGWOOD FL. 32750 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| 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)(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: [signature] ERIC J. STROUP 03/10/95 (407) 327-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #