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 MAR 15 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741926 (0)

1. Corporation Name
ORTONA VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT 1 61 FOURTH ST E MOORE HAVEN FL 33471 US	RT 1 61 FOURTH ST E MOORE HAVEN FL 33471 US

3. Date Incorporated or Qualified: 03/08/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2659193 ☐ Applied For ☐ Not Applicable

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

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

LUCKEY, LARRY R
RT. 1, BOX 743A, S.R. S-78A
MOORE HAVEN FL 33471

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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCALLUM, JUNE	1.2 NAME	
STREET ADDRESS	RT. 1, 61 4TH ST. E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	JAMES, SAM	2.2 NAME	
STREET ADDRESS	RT. 1, 41 3RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCALLUM, JUNE	3.2 NAME	
STREET ADDRESS	RT. 1, 61 4TH ST. E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LUCKEY, LARRY R.	4.2 NAME	
STREET ADDRESS	RT 1 BOX 743A, SR-78A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STORTER, VANCE	5.2 NAME	
STREET ADDRESS	RT 1 BOX 727, SR-78A	5.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, HAL	6.2 NAME	
STREET ADDRESS	RT 1, BOX 751B, CR-78A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE, HAVEN, FL	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: June M. McCallum — 3-10-95 — 813 675 4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: June McCallum
Date — Daytime Phone #

0081383