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
95 JUN 29 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743300 (6)

1. Corporation Name

BELLEAIR VOLUNTEER FIRE FIGHTERS ASSN., INC.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. BELLEAIR FL 34616-8096	901 PONCE DE LEON BLVD. BELLEAIR FL 34616-8096

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/16/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (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

LORAIN BLANKENSHIP
901 PONCE DE LEON BLVD.
BELLEAIR FL 34616-8096

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	11 TITLE		☐ Change ☐ Addition
NAME	MYERS, TODD	12 NAME		
STREET ADDRESS	1855 IODY MARY DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	Vice President (D	☒ Change ☐ Addition
NAME	REXFORD, ANDY	22 NAME	Joe Greene	
STREET ADDRESS	2225 NURSERY ROAD, APT 43-102	23 STREET ADDRESS	2035 Philippe Pkwy Apt 68	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	Safety Harbor, Fl	
TITLE	SD	31 TITLE	Secretary (D	☒ Change ☐ Addition
NAME	LOEWER, DON	32 NAME	Ken tickett	
STREET ADDRESS	216 COSLER AVENUE	33 STREET ADDRESS	921 14 Av N.W	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	largo, Fl 34640	
TITLE	TD	41 TITLE	Treasurer (D	☒ Change ☐ Addition
NAME	SMART, DAVID	42 NAME	Tanya wainscott	
STREET ADDRESS	2225 NURSERY ROAD, APT. 43-102	43 STREET ADDRESS	1353 whitacre DR	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	Clearwater, Fl 34624	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Todd F. Myers President 5-1-95 813-586-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0085195