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 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743378** **(2)**

1. Corporation Name
MARTIN COUNTY DISTRICT 2 VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
1995 NW BRITT ROAD PO BOX 1290 STUART FL 34995	1995 NW BRITT ROAD PO BOX 1290 STUART FL 34995

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1837328 ☐ 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 § 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

~~LESKO DON~~
~~1535 ROYAL GREEN CIRCLE APT.D-204~~
~~PT. ST. LUCIE FL 34952~~

10. Name and Address of New Registered Agent

01 Name: KOLODZIEJCZAK, SCOTT
02 Street Address (P.O. Box Number is Not Acceptable): 919 NW FORK ROAD, Apt. 201
03: STUART, FL
04 City: FL 05 Zip Code: 34994

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: KOLODZIEJCZAK, SCOTT Scott Kolodziejczak DATE: 4/6/95
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	D	1.1 TITLE	P ☐ Change ☑ Addition
NAME	~~WEHR, JOHN~~	1.2 NAME	919 NW FORK ROAD, Apt. 201
STREET ADDRESS	~~1612 GREENACRE APT. P-102~~	1.3 STREET ADDRESS	STUART, FL 34994
CITY-ST-ZIP	~~PT. ST. LUCIE FL 34982~~	1.4 CITY-ST-ZIP	
TITLE	~~P~~	2.1 TITLE	D ☑ Change ☐ Addition
NAME	LESKO, DON	2.2 NAME	LESKO, DON
STREET ADDRESS	1535 ROYAL GREEN CIRCLE., APT.D-204	2.3 STREET ADDRESS	1535 Royal Green Circle, Apt. D-204
CITY-ST-ZIP	PT. ST. LUCIE FL 34952	2.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BOUSE, DON	3.2 NAME	
STREET ADDRESS	2975 NE LOQUOT LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BEVIS, JOSEPH M.	4.2 NAME	
STREET ADDRESS	517 SE BALBOA AV.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BEVIS, BRIDGET	5.2 NAME	
STREET ADDRESS	517 SE BALBOA AV	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	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: BEVIS, BRIDGET Bridget Bevis 4/6/95 (407) 283-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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