

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$295)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 25 AM 8:08

DOCUMENT # 744552 (1)

1. Corporation Name
ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business Mailing Address
 5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179
 5420 SE 180TH AVENUE RD. OKLAWAHA FL 32179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/12/1978	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2635563	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**HENDERSON, JAMES H.
 19070 S.E. 96TH STREET
 OCKLAWAHA FL 32179**

10. Name and Address of New Registered Agent

81. Name KENNETH C. McCANN
82. Street Address (P.O. Box Number is Not Acceptable) 3023 NE 147TH TERR
83. City SILVER SPRINGS FL
84. Zip Code 34488

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Kenneth C. McCann DATE 6/27/95

12. OFFICERS AND DIRECTORS

TITLE P	NAME HENDERSON, JAMES H.	STREET ADDRESS 19070 SE 96TH ST.	CITY - ST - ZIP OCKLAWAHA FL
TITLE VP	NAME SKELLY, HELEN	STREET ADDRESS 6670 SE 171 CT	CITY - ST - ZIP OCKLAWAHA FL
TITLE T	NAME PAYETTE, DONNA	STREET ADDRESS 2424 NE 145TH AVE RD	CITY - ST - ZIP SILVER SPRINGS FL
TITLE D	NAME RATHMAN, ARTHUR	STREET ADDRESS 1179 SE 159 TERR	CITY - ST - ZIP SILVER SPRINGS FL
TITLE S	NAME MCCANN, KEN	STREET ADDRESS 3023 NE 147TH TERRACE	CITY - ST - ZIP SILVER SPRINGS FL
TITLE D	NAME BARMORE, CHERI	STREET ADDRESS RT. 3 BOX 808	CITY - ST - ZIP OCKLAWAHA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE P	NAME KENNETH C. McCANN	STREET ADDRESS 3023 NE 147TH TERR	CITY - ST - ZIP SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE S	NAME TAMMY L. MCCANN	STREET ADDRESS 3023 NE 147TH TERR	CITY - ST - ZIP SILVER SPRINGS, FL 34488	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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)(d), 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: Kenneth C. McCann Kenneth C. McCann DATE 6/27/95 (904) 605-5108

CR2E037 (3/95)