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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747655** (9)

1. Corporation Name

THE MICCOSUKEE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
P. O. BOX 91030 MICCOSUKEE FL 32309	P. O. BOX 91030 MICCOSUKEE FL 32309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1979
3a. Date of Last Report: 08/18/1994
4. FEI Number: 59-1561210 ☐ 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 N/A — $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 (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)

9. Name and Address of Current Registered Agent

BUXTON, LARRY D
RT 3, BOX 306B
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Buxton, Larry D.
82 Street Address (P.O. Box Number is Not Acceptable): Rte. 3, Box 306B 00000154006?
83: -07/18/95--01077--005 ****130.00 ****130.00
84 City: Tallahassee FL 85 Zip Code: 32308

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: Larry D. Buxton Larry D. Buxton 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	BUXTON, LARRY D	1.2 NAME	Larry D. Buxton D	
STREET ADDRESS	RT 3 BOX 306B	1.3 STREET ADDRESS	Rte 3, Box 306B N/A	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl.	
TITLE	P	2.1 TITLE	President Pres. D	☒ Change ☐ Addition
NAME	~~MACKINNON, ALAN~~	2.2 NAME	Richard Fleenke	
STREET ADDRESS	~~P O BOX 91030~~	2.3 STREET ADDRESS	P.O. Box 91030 N/A	
CITY-ST-ZIP	~~MICCOUSKEE FL~~	2.4 CITY-ST-ZIP	Miccosukee, Fl.	
TITLE	S	3.1 TITLE	Secretary Sec. D	☒ Change ☐ Addition
NAME	~~MORRIS, SUSAN~~	3.2 NAME	Dwight Doughtery	
STREET ADDRESS	~~P O BOX 91030~~	3.3 STREET ADDRESS	P.O. Box 91030 N/A	
CITY-ST-ZIP	~~MICCOUSKEE FL~~	3.4 CITY-ST-ZIP	Miccosukee Fl.	
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	HALL, OSCAR S	4.2 NAME	Leonard Jnr Sr. D	
STREET ADDRESS	P O BOX 91030	4.3 STREET ADDRESS	P.O. Box 91045 N/A	
CITY-ST-ZIP	MICCOUSKEE FL	4.4 CITY-ST-ZIP	Miccosukee Fl. 32309	
TITLE	CH	5.1 TITLE		☐ Change ☐ Addition
NAME	BUXTON, LARRY	5.2 NAME	David Brightwell D	
STREET ADDRESS	MOCCASAN GAP RD.	5.3 STREET ADDRESS	P.O. Box 91030 N/A	
CITY-ST-ZIP	MICCOUSKEE FL	5.4 CITY-ST-ZIP	Miccosukee Fl. 32309	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	Oscar Hall Sr. D	
STREET ADDRESS		6.3 STREET ADDRESS	P.O. Box 91030 N/A	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miccosukee, Fl. 32309 RC	

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: Larry D. Buxton Larry D. Buxton chief 4/28/95 (904) 668-0231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020264