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APPROVED AND FILED

95 APR 26 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 749597 (1)
1. Corporation Name
SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.

Principal Place of Business Mailing Address
602 LIGHTFOOT RD. WIMAUMA FL 33598

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/31/1979** 3a. Date of Last Report **01/27/1994**

4. FEI Number **59-1983825** 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 S. 169.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FERRIS GARRETT
602 LIGHTFOOT ROAD
WIMAUMA FL 33598**

10. Name and Address of New Registered Agent
81 Name ~~XXXXXXXXXXXXXXXXXXXX~~
82 Street Address (P.O. Box Number is Not Acceptable)
602 LIGHTFOOT ROAD
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BAUBERGER, CHARLES <i>DELETE</i>
STREET ADDRESS	2205 HOLKHAM PL
CITY - ST - ZIP	SUN-CITY CENTER, FL 00000
TITLE	D
NAME	OSTERDOCK, KEITH <i>DELETE</i>
STREET ADDRESS	2020 N. PEBBLE BEACH BD.
CITY - ST - ZIP	SUN-CITY CENTER, FL 00000
TITLE	PD
NAME	FERRIS, GARRETT
STREET ADDRESS	1225 BUTCH CASSIDY TR.
CITY - ST - ZIP	WIMAUMA FL
TITLE	D
NAME	DIRENZO, CLAIR <i>DELETE</i>
STREET ADDRESS	315 BROCKFIELD DR
CITY - ST - ZIP	SUN-CITY CENTER, FL 00000
TITLE	TD
NAME	IACONO, MICHAEL <i>DELETE</i>
STREET ADDRESS	2007 BUTCH CASSIDY TR
CITY - ST - ZIP	WIMAUMA FL
TITLE	D
NAME	KIEFER, DONALD <i>DELETE</i>
STREET ADDRESS	905 HOLEFORD COURT
CITY - ST - ZIP	SUN-CITY CENTER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOWLING, ROBERT
1.3 STREET ADDRESS	602 LIGHTFOOT ROAD
1.4 CITY - ST - ZIP	WIMAUMA, FL 33598
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	XXXXXXXXXXXXXXXXXXXX FETHERSTON, ISABELLE
2.3 STREET ADDRESS	1205 BUTCH CASSIDY TRAIL
2.4 CITY - ST - ZIP	WIMAUMA, FL 33598
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GARRETT, FERRIS
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAUSEY, ROBERT
4.3 STREET ADDRESS	2926 LONGRIFLE DR.
4.4 CITY - ST - ZIP	WIMAUMA, FL 33598
5.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EARLE, VAL
5.3 STREET ADDRESS	1415 BUTCH CASSIDY TRAIL
5.4 CITY - ST - ZIP	WIMAUMA, FL 33598
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 trustee or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ferris Garrett* **4/19/95 (813) 276-8336**
SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #
FERRIS GARRETT