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 MAY 11 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 750998 (7)

1. Corporation Name

PINETTA VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
P. O. BOX 104 HIGHWAY 145 N PINETTA FL 32350 US	P. O. BOX 104 HIGHWAY 145 N PINETTA FL 32350 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Po Box 269	26 P.O Box 269
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: Pinetta Fl.	28 City & State: Pinetta Fl.
24 Zip: 32350 — 25 Country: Madison	29 Zip: 32350 — 30 Country: Madison

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

BROWNING, EDWIN B., JR.
901 W. BASE ST.
MADISON FL 32340

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CRISS, CODY	12 NAME	
STREET ADDRESS	RT 1, BOX 184 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	SEXTON, BILLY	22 NAME	
STREET ADDRESS	E. HWY 150 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	PINETTA FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	CHAMBLIN, JERRY	32 NAME	MARYANN CRISS
STREET ADDRESS	RT 2, BOX 350 N/A	33 STREET ADDRESS	RT 2 Box 224-B
CITY-ST-ZIP	MADISON FL	34 CITY-ST-ZIP	MADISON Fl. 32340
TITLE	TD	41 TITLE	TREASURER & BOARD ☒ Change ☐ Addition
NAME	WALKER, ROBERT D.	42 NAME	WILLIAM FOURAKRES
STREET ADDRESS	HIGHWAY 145 NORTH	43 STREET ADDRESS	RT 1 Box 141-A
CITY-ST-ZIP	PINETTA FL	44 CITY-ST-ZIP	PINETTA Fl 32350
TITLE	BOD	51 TITLE	BOD ☒ Change ☐ Addition
NAME	CRISS, COTY	52 NAME	MARY CHAMBLIN
STREET ADDRESS	P.O. BOX 184 N/A	53 STREET ADDRESS	E STATE ROAD 150
CITY-ST-ZIP	PINETTA, FL 0	54 CITY-ST-ZIP	PINETTA Fl 32340
TITLE	BOD	61 TITLE	BOD & TRES. ☐ Change ☐ Addition
NAME	LESLIN, ARNIE	62 NAME	William FOURAKRES
STREET ADDRESS	SOUTH HWY 145	63 STREET ADDRESS	RT. 1 Box 141-A
CITY-ST-ZIP	HANSON FL	64 CITY-ST-ZIP	PINETTA Fl 32350

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)(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 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: Maryann Criss MARYANN CRISS — 5-4-95 — (904) 929-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028314