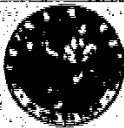


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PH 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 751565 (3)

1. Corporation Name

ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/17/1980	3a. Date of Last Report 02/09/1994
4. FEI Number 59-2611831	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	

Principal Place of Business	Mailing Address
COUNTY ROAD 305 P. O. BOX 1729 BUNNELL, FL 32110	COUNTY ROAD 305 P. O. BOX 1729 BUNNELL, FL 32110
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**DOWNING, MARY F.
1655 S. CHAFFEE RD.
JACKSONVILLE FL 32221**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HUFF, SUZIE	1.2 NAME	
STREET ADDRESS	21 LAURAL ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GILBERT, SHERRY	2.2 NAME	
STREET ADDRESS	#1 OHIO ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MKE	3.2 NAME	
STREET ADDRESS	3696 MAHOGANY	3.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SANTORE, RALPH	4.2 NAME	
STREET ADDRESS	CR 305	4.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL, FL 00000	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JIM	5.2 NAME	
STREET ADDRESS	1917 GUAVA LN	5.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL, FL 00000	5.4 CITY - ST - ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	BEMBRY, MELBA	6.2 NAME	
STREET ADDRESS	323 COUNTY RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BUNNELL FL	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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Melba Bembry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95
Date

904-437-3773
Daytime Phone #