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 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751565 (3)

1. Corporation Name
ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

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

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 S. 199.032, Florida Statutes ☐ Yes ☑ No

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 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
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 LAURAI 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, MIKE	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 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: Melba Bembry Melba Bembry 4/17/95 904-427-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000188