

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:29

DOCUMENT # 751582 (8)

1. Corporation Name

HAMMOCK COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC

Principal Place of Business

67 MALA COMPRA RD.
P.O. BOX 750
FLAGLER BEACH FL 32136

Mailing Address

67 MALA COMPRA RD.
P.O. BOX 750
FLAGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1980

3a. Date of Last Report

10/14/1994

4. FEI Number

59-6000605

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHATZ, JERRALD
5992 OCEANSHORE BLVD.
HAMMOCK FL 32137

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HOUSER, CHEYENNE
STREET ADDRESS	13 ARMAND BEACH
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	CAYLER, WILLIAM
STREET ADDRESS	32 CHEROKEE AVE.
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	MEITTEE, HAL
STREET ADDRESS	57 FLAGLER DR.
CITY-ST-ZIP	PALM COAST FL
TITLE	D
NAME	HADEED, ALBERT
STREET ADDRESS	6 OCEAN VISTA LANE
CITY-ST-ZIP	PALM COAST FL
TITLE	VT
NAME	LANE, THERESA
STREET ADDRESS	89 JOHNSON BEACH WAY
CITY-ST-ZIP	PALM COAST FL
TITLE	S
NAME	LANE, THERESA
STREET ADDRESS	89 JOHNSON BEACH WAY
CITY-ST-ZIP	PALM COAST FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa L Lane
Jan. 30, 1995 (704) 446-0700