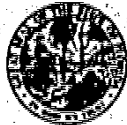


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:20

DOCUMENT # 753137 (9)

1. Corporation Name

**THE HOLDEN HEIGHTS VOLUNTEER FIRE DEPARTMENT, IN
C.**

Principal Place of Business

Mailing Address

**C/O JAMES R. KASPER
1330 W MICHIGAN ST.
ORLANDO FL 32805**

**C/O JAMES R. KASPER
1330 W MICHIGAN ST.
ORLANDO FL 32805**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

03/01/1994

4. FEI Number

59-2042570

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)

☐

**\$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

10. Name and Address of New Registered Agent

**KASPER, JAMES R.
1330 W MICHIGAN
ORLANDO FL 32805**

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

(Signature, typed or printed name of registered agent and title 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	KASPER, JAMES R
STREET ADDRESS	1330 W MICHIGAN
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	MITCHELL, CHARLENE
STREET ADDRESS	1229 W 29TH ST
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	SCHNOEBELEN, RALPH
STREET ADDRESS	2110 S. ORANGE BL.TRL.
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	STD
NAME	SNOEBLEN, JACQUOLYN
STREET ADDRESS	1316 W. KALEY AVE.
CITY - ST - ZIP	ORLANDO, FL 00000
TITLE	D
NAME	EVANS, JIM
STREET ADDRESS	2501 S ORANGE BL TRL
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	SHARGAA, IRWIN
STREET ADDRESS	3010 VENICE DRIVE
CITY - ST - ZIP	ORLANDO 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James R. Kasper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-95
DATE

Daytime Phone #