

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **753137** (9)

1. Corporation Name

THE HOLDEN HEIGHTS VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

01/30/1995

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**

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

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **PD** ☐ DELETE

NAME **KASPER, JAMES R**
STREET ADDRESS **1330 W MICHIGAN**
CITY - ST - ZIP **ORLANDO, FL 00000**

TITLE **D** ☐ DELETE

NAME **MITCHELL, CHARLENE**
STREET ADDRESS **1229 W 29TH ST**
CITY - ST - ZIP **ORLANDO FL**

TITLE **VD** ☐ DELETE

NAME **SCHNOEBELN, RALPH**
STREET ADDRESS **2110 S. ORANGE BL. TRL.**
CITY - ST - ZIP **ORLANDO, FL 00000**

TITLE **STD** ☐ DELETE

NAME **SNOEBLEN, JACQUOLYN**
STREET ADDRESS **1316 W. KALEY AVE.**
CITY - ST - ZIP **ORLANDO, FL 00000**

TITLE **D** ☐ DELETE

NAME **EVANS, JIM**
STREET ADDRESS **2501 S ORANGE BL TRL**
CITY - ST - ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **SHARGAA, IRWIN**
STREET ADDRESS **3919 VENICE DRIVE**
CITY - ST - ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-407-425-1860

CR2E037 (3/96)