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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:43

DOCUMENT # 754095 (8)

1. Corporation Name
RED BAY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
RED BAY RURAL STATION HWY. 81 & CHURCH STREET RED BAY FL 32455	RED BAY RURAL STATION HWY. 81 & CHURCH STREET RED BAY FL 32455

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1980
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2329345 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

INFINGER, HUGHIE V.
STAR ROUTE, BOX 14 (RED BAY)
PONCE DE LEON FL 32455

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	THORNE, MICHAEL	1.2 NAME	
STREET ADDRESS	STAR RT BOX 3	1.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	RUSHING, TELLIS	2.2 NAME	
STREET ADDRESS	ROUTE 1	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	THORNE, DENISE	3.2 NAME	
STREET ADDRESS	STAR RT BOX 3A	3.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FLORIDA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THORNE, MICHAEL	4.2 NAME	
STREET ADDRESS	STAR RT BOX 3	4.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY FLORIDA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, A. G.	5.2 NAME	
STREET ADDRESS	ROUTE 1	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	THORNE, SONNY	6.2 NAME	
STREET ADDRESS	STAR RT. BOX 3A	6.3 STREET ADDRESS	
CITY-ST-ZIP	RED BAY 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: Denise Thorne Denise Thorne 3/2/95 904-836-4685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029003