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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:59

DOCUMENT # 754493 (5)

1. Corporation Name

LEE COMMUNITY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
BOX 25 LEE FL 32059	BOX 25 LEE FL 32059

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2367740 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIRKLAND, MIKE
SEABOARD ST
LEE FL 32059

10. Name and Address of New Registered Agent

81 Name: Linda McMullen
82 Street Address (P.O. Box Number is Not Acceptable): 304 East Broad
83 ~~P.O. Box 9308~~
84 City: Lee **FL** 85 Zip Code: 32059

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: Linda McMullen 3-22-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P ☒ Change ☐ Addition
NAME	THOMAS, TED	1.2 NAME	Edwin McMullen
STREET ADDRESS	RT 1 BOX 827 PEACHTREE DR	1.3 STREET ADDRESS	304 East Broad
CITY-ST-ZIP	LE FL	1.4 CITY-ST-ZIP	Lee, Fl. 32059
TITLE	D	2.1 TITLE	V ☐ Change ☒ Addition
NAME	MARSHALL, BECK	2.2 NAME	Joe Odom
STREET ADDRESS	RT 1 BX 826 PEACHTREE DR	2.3 STREET ADDRESS	Route 1 Box 85
CITY-ST-ZIP	LEE FL	2.4 CITY-ST-ZIP	Lee, Fl. 32059
TITLE	D	3.1 TITLE	S/T ☐ Change ☒ Addition
NAME	MCMULLEN, EDWIN	3.2 NAME	Linda McMullen
STREET ADDRESS	304 W BOARD	3.3 STREET ADDRESS	304 East Broad
CITY-ST-ZIP	LEE FL	3.4 CITY-ST-ZIP	Lee, Fl. 32059
TITLE	P	4.1 TITLE	D ☐ Change ☒ Addition
NAME	THOMAS, MAURICE J	4.2 NAME	James McNicol
STREET ADDRESS	RT 1 BOX 78, HWY 255-S.	4.3 STREET ADDRESS	P.O. Box 101 306 East Broad St.
CITY-ST-ZIP	LEE, FL 00000	4.4 CITY-ST-ZIP	Lee, Fl. 32059
TITLE	V	5.1 TITLE	D ☐ Change ☒ Addition
NAME	ODOM, JOE	5.2 NAME	Doug McNicol
STREET ADDRESS	R 1 BOX 85, HWY 255-S	5.3 STREET ADDRESS	Route 1 Box 835
CITY-ST-ZIP	LEE, FL 00000	5.4 CITY-ST-ZIP	Lee, Fl. 32059
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	KIRKLAND, MIKE	6.2 NAME	
STREET ADDRESS	SEABOARD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEE, FL 00000	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: Linda McMullen 3-22-95 (904) 971-5867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003082