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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **760090** (1)

1. Corporation Name

DEEP CREEK VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
US 441 NORTH P O BOX 126 LAKE CITY FL 32056	US 441 NORTH P O BOX 126 LAKE CITY FL 32056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/18/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DISBROW, MURIEL G.
GREEN CEMETARY CIRCLE, P.O. BOX 126
LAKE CITY FL 32056

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	ST	11 TITLE		☐ Change ☐ Addition
NAME	DISBROW, MURIEL	12 NAME		
STREET ADDRESS	GREEN CEMETARY CRCL.	13 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 00000	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	~~PADGETT, ALLEN~~	22 NAME	William BROWN	
STREET ADDRESS	~~RT 1 BOX 151J~~	23 STREET ADDRESS	Rt.1 Box 161	N/A
CITY-ST-ZIP	~~LAKE CITY, FL 00000~~	24 CITY-ST-ZIP	Lake City, Fl 32056	
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	BROWN, WILLIAM	32 NAME	Steve White	
STREET ADDRESS	RT 1 BOX 161	33 STREET ADDRESS	Rt. 1 Box 194	N/A
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	Lake City, Fl 32056	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	THOMAS, DOANLD	42 NAME	Johnny Thomas	
STREET ADDRESS	RT 1 BOX 169	43 STREET ADDRESS	Rt. 1 Box 159 J	N/A
CITY-ST-ZIP	LAKE CITY FL	44 CITY-ST-ZIP	Lake City, Fl 32055	
TITLE	D	51 TITLE	D	☐ Change ☐ Addition
NAME	BROWN, WILLIAM	52 NAME		
STREET ADDRESS	RTE. 1, BOX 161	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 00000	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	DISBROW, KENNETH	62 NAME	ROGER White	
STREET ADDRESS	GREENE CENETARY CIR	63 STREET ADDRESS	Rt. 1 Box 194	N/A
CITY-ST-ZIP	LAKE CITY, FL 00000	64 CITY-ST-ZIP	Lake City, Fl 32055	

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: Muriel G. Disbrow MURIEL G. DISBROW 4/28/95 904-752-8649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

095100