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 MAR 21 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760894 (6)

1. Corporation Name
BREVARD COUNTY, DISTRICT IV VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
3780 WEST KING STREET COCOA FL 32926	3780 WEST KING STREET COCOA FL 32926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1981
3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-2285514 ☐ 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

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MCMICHAEL, MARK WAYNE
3780 W. KING STREET
COCOA FL 32926

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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MCMICHAEL, MARK WAYNE	1.2 NAME	
STREET ADDRESS	800 HOWARD BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, JAMES N.	2.2 NAME	
STREET ADDRESS	2615 COX RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	PIERCE, ROBERT W	3.2 NAME	Pierce, Robert W
STREET ADDRESS	25 EMERALD CT.	3.3 STREET ADDRESS	403 Hawthrone Court
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP	Indian Harbor Beach, Fla 32937
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	MCGEE, JAMES R.	4.2 NAME	McGee, James R
STREET ADDRESS	6309 GRANDT ST.	4.3 STREET ADDRESS	6309 Brandt St
CITY-ST-ZIP	COCOA FL 32927	4.4 CITY-ST-ZIP	COCOA, FL 32927
TITLE	STD	5.1 TITLE	STD ☒ Change ☐ Addition
NAME	DANIELS, SHERRY ANN	5.2 NAME	Roth, Jeffery
STREET ADDRESS	735 VENUS DR.	5.3 STREET ADDRESS	1770 Windover OAK Apt 203
CITY-ST-ZIP	COCOA FL 32926	5.4 CITY-ST-ZIP	Titusville, Fl 32780
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: James R McGee 3-16-95 452-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036711