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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 13 AM 10:54

DOCUMENT # 764361 (2)

1. Corporation Name
THE ENSLEY FIRE DEPARTMENT, INCORPORATED

Principal Place of Business	Mailing Address
8634 PENSACOLA BLVD. P.O. BOX 7071 PENSACOLA FL 32534-3326	8634 PENSACOLA BLVD. P.O. BOX 7071 PENSACOLA FL 32534-3326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1982
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2455236 ☐ 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 8634 Pensacola Blvd.	26 POB 7071
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Pensacola FL	28 Pensacola FL 32534
24 Zip 32534 / 25 Country	29 Zip 32534 / 30 Country

9. Name and Address of Current Registered Agent

SLOVER, DAVID M.
10750 TARA-DAWN CIR.
PENSACOLA FL 32514

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 D.M. Slover D.M. Slover Chief 2-6-95
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	CD	1.1 TITLE	☐ Change ☑ Addition
NAME	SLOVER, D. M.	1.2 NAME	
STREET ADDRESS	10750 TARA-DAWN CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	32514
TITLE	VD	2.1 TITLE	SD ☑ Change ☐ Addition
NAME	SNYDER, MARK	2.2 NAME	JORDAN, William F
STREET ADDRESS	10740 TARA DAWN CIR	2.3 STREET ADDRESS	207 ETTA ST
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	Pensacola FL 32534
TITLE	PD	3.1 TITLE	☐ Change ☑ Addition
NAME	DREXLER, DANA	3.2 NAME	
STREET ADDRESS	2621 BROOME CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	32533
TITLE	TD	4.1 TITLE	☐ Change ☑ Addition
NAME	BECKMAN, W. E.	4.2 NAME	
STREET ADDRESS	431 KELSON	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	325'
TITLE	SD	5.1 TITLE	VD ☑ Change ☐ Addition
NAME	DONALDSON, ANDY	5.2 NAME	Leitenberger, Louis C.
STREET ADDRESS	1309 JASMA LANE, APT C	5.3 STREET ADDRESS	3310 EAGLE DR
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	CANTONMENT FL 32533
TITLE	SD	6.1 TITLE	TD ☑ Change ☐ Addition
NAME	MOUCHERON, THEODORE	6.2 NAME	Williams, Jon P
STREET ADDRESS	630 W ENSLEY ST	6.3 STREET ADDRESS	8385 LAWTON St
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	Pensacola FL 32514

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: Dana P. Drexler 2-6-95 904 478-1927
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0071610