

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 765443 (7)

1. Corporation Name

RESERVE FIREFIGHTERS ASSOCIATION OF ORANGE COUNTY
Y, INC.

Principal Place of Business

4700 LAKE UNDERHILL DRIVE
ORLANDO FL 32807-1184

Mailing Address

4700 LAKE UNDERHILL DRIVE
ORLANDO FL 32807-1184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1982

3a. Date of Last Report

04/25/1994

4. FEI Number

59-2441213

Applied For

Not Applicable

2. Principal Place of Business

21 6590 AMORY COURT

2a. Mailing Address

26 6590 AMORY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK, FL

City & State

27 WINTER PARK

Zip

24 32792

Country

25 ORANGE

Zip

29 32792

Country

30 ORANGE

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

MCCLOSKEY, E. LAWRENCE JR.
% ORANGE CTY RESERVE FIREFIGHTERS ASSN IN
4700 LAKE UNDERHILL DRIVE
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6590 AMORY COURT

83

84 City

WINTER PARK

FL

85 Zip Code

32792

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

E. Lawrence McCloskey, Jr.

TREASURER

4/28/95

(Signature, by 201 or printed name of registered agent and (if) acceptable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

TROTTER, BILL

1620 HUDSON STREET

ORLANDO FL

32808

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

DEENEY, JOHN

2801 DAWLEY AVE

ORLANDO FL

32806

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

MCCLOSKEY, LAWRENCE

7942 BRIDGESTONE DRIVE

ORLANDO FL

32835

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

FREUND, ERIC

5923 ANTILLA DRIVE

ORLANDO FL

32809

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Lawrence McCloskey, Jr. TREASURER

4/28/95

407-239-3962

(Signature and typed or printed name of signing officer or director)

Date

Telephone #