FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

407-239-3962

Daytime Phone # 0015446

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765443

(7)

RESERVE FIREFIGHTERS ASSOCIATION OF ORANGE COUNT Y, INC.

| Y, INC. | | | | | | | | |
|---|---|--|-------------|--|----------------------|---|--|--|
| Principal Plac | | | | | | - 1901 1900 Birki kiril biril birda lili kiril birdi biril biril biril biril biril biril biril | | |
| Principal Place of Business 6590 AMORY COURT WINTER PARK FL 32792 US 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country | 6590 AMORY COURT WINTER PARK FL 32792-7426 US | | | | | | | |
| 00 | | • | | | | 3. Date incorporated or Qualified 10/19/1982 3a. Date of Last Report 05/01/1996 | | |
| 2. Principal P | lace of Business | 2a. Maiting Address | | | | 4. FEI Number Applied For | | |
| 21 | | 26 | | | | 59-2441213 Not Applicate | | |
| | #, etc | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional | | |
| | 0 | City & State | | | | Fee Required | | |
| | 0 | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| | Country | Zip | Cou | ntry | | This corporation has liability for intangible tax under s. 199.032, | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | | |
| | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 | Name | ne ne | | |
| | SKEY, E. LAWRENCE JR. | | | 62 | Street | et Address (P.O. Box Number is Not Acceptable) | | |
| | IORY COURT | | | | | | | |
| WINTER | PARK FL 32792 | | | 83 | | | | |
| | | | | 84 | City | 85 Zip Code | | |
| 44 Duraunat | to the provisions of Castions 617 DE | 22 and 617 1509 Elected Statute | a tha at | | namaa | FL S P P P P P P P P P | | |
| office or r | registered agent, or both, in the State | of Florida. Such change was a | uthorized | d by | the cor | corporation's board of directors. I hereby accept the appointment as registered | | |
| agent. I a | im familiar with, and accept the oblig | lations of, Section 617.0503, Flor | rida Stat | utes | • | • | | |
| SIGNATURE | Signature, typied or printed name of registered ag | ent and title it applicable. (NOTE | : Registere | d Ape | nt signatur | sture required when reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | PD | ☐ DELETE | 1.1 TO | TLE | | ☐ Change ☐ Additi | | |
| NAME | TROTTER, BILL | | 1.2 N/ | ME | | 0.00 | | |
| STREET ADDRESS | 1620 HUDSON STREET | | 1.3 ST | REET | ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL | | | 1.4 CITY - ST- ZIP | | \$ 250 8 | | |
| TOLE | V0 | ☐ DELETE | 2.1 TITLE | | | Change L Additi | | |
| NAME | DECITE 1, SOLIN | | | 2.2 NAME | | | | |
| STREET ADDRESS | 2801 DAWLEY AVE | | | 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE | | 32806 | | |
| CITY-ST-71P THILE | ORLANDO FL TD | DELETE | _ | | | Change Additi | | |
| NAME | | | | 3.2 NAME | | | | |
| STREE1 ADDRESS | 7942 BRIDGESTONE DRIVE | | | | ADDRESS | ss | | |
| CITY - ST - ZiP | ORLANDO FL | | 3.4. C | ITY-S | T-ZIP | 32835 | | |
| TITLE | SD | ☐ DELETE | 4.1 TI | TLE | | 5℃ Change Additi | | |
| NAME - | FREUND, ERIC | | 4.2 N | | | GREEN, DAVID | | |
| STREET ADDRESS | 5923 ANTILLA DRIVE | | 4.3 \$1 | REET | address | SS 2427 SHORTLEAF COURT | | |
| CITY-ST-ZIP | ORLANDO FL | T or eve | 4.4 CI | _ | -ZIP | ORLANDO, FL 32818 | | |
| TITLE | | ☐ DELETE | 5.1 Ti | | | Change Additi | | |
| NAME . | | | 5.2 N/ | | LD DDFCC | | | |
| STREET ADDRESS | | | | | ADDRESS | 35 | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.4 Ci | | 1 + 211 | Change Addill | | |
| NAME | | | 6.2 N/ | | | 7.100// | | |
| STREET ADDRESS | | | | | ADDRESS | ss | | |
| CITY-ST-ZIP | | | 6.4 CI | | | · | | |
| 14. I do herei | by certify that the information supplies | ed with this filing does not qualify | v for the | exe | nption | on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the | | |
| laman o | ifficer or director of the cornoration o | r the receiver or trustee emnowe | ared to e | Xec | rate and ute this | and that my signature shall have the same legal effect as if made under oath; t is report as required by Chapter 617, Florida Statutes; and that my name | | |
| appears i | in Block 12 or Block 13 if shanged, o | | | MILLS. | | - M. A was To alaba was non sois | | |
| | - | r ia '. Jan (it a Mi) Mac No. J. 'v ii | 1 # 2 Y | P *** 3* | "L | - In all was IO Alaska slam has an IO | | |