

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **765443** (7)

1. Corporation Name

**RESERVE FIREFIGHTERS ASSOCIATION OF ORANGE COUNT
Y, INC.**

Principal Place of Business

Mailing Address

**6590 AMORY COURT
WINTER PARK FL 32792
US**

**6590 AMORY COURT
WINTER PARK FL 32792
US**

3. Date Incorporated or Qualified

10/19/1982

4. FEI Number

59-2441213

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCLOSKEY, E. LAWRENCE JR.
6590 AMORY COURT
WINTER PARK FL 32792**

81 Name

Edward W Holmes

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

1725 Green Meadow Lane

83

84

Orlando

FL

85 Zip Code

32825

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Edward W Holmes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
TROTTER, BILL**
STREET ADDRESS **1620 HUDSON STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **VD
DEENEY, JOHN**
STREET ADDRESS **2801 DAWLEY AVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **TD
MCCLOSKEY, LAWRENCE**
STREET ADDRESS **7942 BRIDGESTONE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME **SD
GREEN, DAVID**
STREET ADDRESS **2427 SHORTLEAF CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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:

Edward W Holmes

4-15-98 202-6145

CR2E037 (10/97)