

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 765752

(1)

1. Corporation Name

PINE HILLS VOLUNTEER FIRE DEPARTMENT INC.

FILED

1995 JUL 11 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1453 PINE HILL RD.  
ORLANDO FL 32808

Mailing Address

1453 PINE HILLS ROAD  
ORLANDO FL 32808  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-6032402

Applied For

Not Applicable

6. 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

☐

FILING FEE IS  
\$61.25

8. This corporation has liability for intangible tax under s. 199.002,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JONES, ROGER W.  
P.O BOX 574575 N/A  
ORLANDO FL 32857

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 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

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

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JONES, ROGER W.  
STREET ADDRESS 2721 N FORSYTH RD S101  
CITY - ST - ZIP WINTER PARK FL

TITLE D  
NAME TYDA, KATHY  
STREET ADDRESS 2721 N FORSYTH RD S101  
CITY - ST - ZIP ORLANDO FL

TITLE SD  
NAME STONE, JUNE M.  
STREET ADDRESS 1453 PINE HILLS RD.  
CITY - ST - ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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)(k), 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:

JUNE M. STONE See 4C D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 22 1995  
Date

Telephone #

407/295-1200

000475

CR2ED37 (3/95)