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CORPORATION ANNUAL REPORT
1995

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

FILED
95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767243 (9)

1. Corporation Name
SCOTTSFERRY VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
C/O JOE BARKER RTE 1 BOX 7705 KINARD FL 32449	C/O JOE BARKER RTE 1 BOX 7705 KINARD FL 32449

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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 (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

BARKER, JOE
RTE 1 BOX 7705
KINARD FL 32449

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: Joe Barker
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, JOE	1.2 NAME	
STREET ADDRESS	RTE 1 BOX 7705	1.3 STREET ADDRESS	
CITY-ST-ZIP	KINARD FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TIMMONS, BUD	2.2 NAME	
STREET ADDRESS	RT 1 BOX 242	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	[illegible]	3.1 TITLE	☑ Change ☐ Addition
NAME	ADAMS, B J	3.2 NAME	Timmons, Bonnie
STREET ADDRESS	RT 1 BOX 254	3.3 STREET ADDRESS	Rt. 1, Box 242
CITY-ST-ZIP	BLOUNTSTOWN FL	3.4 CITY-ST-ZIP	Blountstown, Fl. 32424
TITLE	S + T	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, MARGARET	4.2 NAME	
STREET ADDRESS	RT. 1, BOX 277	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	ADAMS, LEE	5.2 NAME	Charles Parker
STREET ADDRESS	RTE 1 BOX 254	5.3 STREET ADDRESS	Rt. 1, Box254
CITY-ST-ZIP	BLOUNTSTOWN FL	5.4 CITY-ST-ZIP	Blountstown, Fl. 32424
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	YON, JAMES JR.	6.2 NAME	
STREET ADDRESS	RT. 1, BOX 272	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	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 119.07(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: Joe Barker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020203