

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

25 JUN 12 AM 9:14

DOCUMENT # N02707 (0)

1. Corporation Name

THE ANCIENT MAIDSTONE FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1127
LAKE WORTH FL 33460
US

P.O. BOX 1127
LAKE WORTH FL 33460
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1984

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0051351

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

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

10. Name and Address of New Registered Agent

HISCOCK, JOHN E.
3655 ELIZABETH STREET
LAKE WORTH FL 33461

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
HISCOCK, JOHN E.
1598 62 TRAIL S.
WEST PALM BCH FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

No Change

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
WARREN, RAYMOND B.
308 EVERGREEN DR
LAKE WORTH FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

" "

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
CICALESE, MRS MAE
625 ROCKLAND DR
WEST PALM BCH FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

" "

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SIMMONS, WILBUR B.
799 NO. IVORY LANE
WEST PALM BCH FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

" "

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SAMA, PASQUALE A.
3198 MARINER WY
LANTANA FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

" "

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

JOHN E. HISCOCK

5-5-95

1407-793-6924

Date

Daytime Phone #