


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 29, 2005 8:00 am**  
**Secretary of State**

06-29-2005 90002 035 \*\*\*\*61.75

<b>DOCUMENT # N03000002188</b> 1. Entity Name ORANGE CITY FIRE DEPARTMENT ASSOCIATION, INC.	
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Principal Place of Business 215 N. HOLLY AVE. ORANGE CITY, FL 32763	Mailing Address 944 SYLVA AVE. ORANGE CITY, FL 32763
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30054008



03032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SIEVERT, SUSAN M 944 SYLVA AVE ORANGE CITY, FL 32763
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Susan M Sievert</i></u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <u>4-10-05</u>
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Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CHARLES R 580 HEATHER LANE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CREWS, THOMAS W 2401 GREENHEDGE RD ORAGNE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEVERT, SUSAN M 944 SYLVA AVE. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-05 3867177116