

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90246 014 ****61.25

DOCUMENT # N03000002188

1. Entity Name
ORANGE CITY FIRE DEPARTMENT ASSOCIATION, INC.



Principal Place of Business
**215 N. HOLLY AVE.
ORANGE CITY, FL 32763**

Mailing Address
**944 SYLVA AVE.
ORANGE CITY, FL 32763**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIEVERT, SUSAN M
944 SYLVA AVE
ORANGE CITY, FL 32763**

**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

Susan M Sievert

Susan M Sievert

2/28/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

TITLE
NAME
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TITLE
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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 exemptions contained in Chapter 119, 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 617, 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.

SIGNATURE:

Susan Sievert

Susan Sievert

Date

Daytime Phone #

2/28/06 3867177114