

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N08645** (6)
1. Corporation Name
DELTONA FIREFIGHTERS BENEVOLENT LADIES AUXILIARY, INC.

Principal Place of Business Mailing Address
1685 PROVIDENCE BLVD 1685 PROVIDENCE BLVD
DELTONA FL 32725 DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/11/1985	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2883945	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 1685 PROVIDENCE BLVD	2a. Mailing Address 1685 PROVIDENCE BLVD
21. DELTONA FIRE STATION	26. Suite, Apt. #, etc.
22. DELTONA, FLORIDA	27. City & State
23. Zip 32725	28. Country
24. 32725	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

CANTON, E.M.
2229 HOWLAND BLVD
DELTONA FL 32738

10. Name and Address of New Registered Agent

81. Name	85. Zip Code FL
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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 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	CANTON, ELLEN M	1.2 NAME	
STREET ADDRESS	2229 HOWLAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	DELLAVALLE, ELIZABETH	2.2 NAME	
STREET ADDRESS	1237 AZORA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	HENNA, GLORIA	3.2 NAME	
STREET ADDRESS	1887 ALGONQUIN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(a), 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: *Ellen M. Canton* ELLEN M. CANTON, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Continuation (Page 2)