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
'95 MAR -9 AM 9:12

DOCUMENT # N09688 (5)

1. Corporation Name

RURAL DISTRICT NO. 4 VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
HC 1 BOX 679 CEDAR KEY FL 32625	RURAL DISTRICT #4 VOLUN. FIRE DEPART. CEDAR KEY FL 32625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1985
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-0007171 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LONG, DOROTHY L.
DORSETT HILLS PHASE 1
CEDAR KEY FL 32625

10. Name and Address of New Registered Agent

81 Name: DONNA C. ANDERSON
82 Street Address (P.O. Box Number is Not Acceptable): HC 1 BOX 677
83: OXFORD RD.
84 City: CEDAR KEY FL 85 Zip Code: 32625

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: Donna C. Anderson — 2-3-95
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	T	1.1 TITLE		☐ Change ☐ Addition
NAME	STEPHANIE PARKS	1.2 NAME		
STREET ADDRESS	HWY. 345	1.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	NUTTER, DELBERT	2.2 NAME	WILKERSON, LILLY	
STREET ADDRESS	ROSEMARY AVE	2.3 STREET ADDRESS	HWY 24	
CITY-ST-ZIP	CEDAR KEY FL	2.4 CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, CHRISTY	3.2 NAME		
STREET ADDRESS	HIGHWAY RT 24	3.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	CHARLES NEESE	4.2 NAME		
STREET ADDRESS	SHILOH RD. AND LCR453	4.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	DONNA ANDERSON	5.2 NAME		
STREET ADDRESS	OXFORD ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY FL 32625	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILKERSON, GERALD	6.2 NAME		
STREET ADDRESS	LCR 455	6.3 STREET ADDRESS		
CITY-ST-ZIP	CEDAR KEY 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)(i), 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: Donna C. Anderson — 2-3-95 (904)543-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000004