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
95 JUL -7 AM 8:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N23790 (1)

1. Corporation Name

TAYLORVILLE VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business: RT 4 BOX 304 PINEMOUNT RD. LAKE CITY FL 32055-9312

Mailing Address: RT 4 BOX 304 PINEMOUNT RD. LAKE CITY FL 32055-9312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-2879867 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution (crossed out) — $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 — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. Name and Address of Current Registered Agent

TAYLOR, JOYCE A.
RT. 4 BOX 304
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TAYLOR, ROBERT
STREET ADDRESS	RT.4, BOX 304
CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	VD
NAME	CONNELL, DONALD
STREET ADDRESS	RT 1 BOX 122
CITY-ST-ZIP	WELLBORN FL 32094
TITLE	SD
NAME	TAYLOR, JOYCE
STREET ADDRESS	ROUTE 4, BOX 304
CITY-ST-ZIP	LAKE CITY FL 32024
TITLE	T
NAME	~~CONNELL, ALICE~~ JERRY Roncat
STREET ADDRESS	RT 1 BOX 122 Box 122
CITY-ST-ZIP	~~WELLBORN FL~~ WELLBORN, FL 32094
TITLE	D
NAME	CAMBELL, WILBUR L
STREET ADDRESS	117 K PINEWOOD CT
CITY-ST-ZIP	WELLBORN FL 32094
TITLE	P
NAME	ROACH, PATRICIA
STREET ADDRESS	RT 1 BOX 113D
CITY-ST-ZIP	WELLBORN FL 32094

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Joyce Taylor, JOYCE TAYLOR 6-30-95 9049634138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021810