

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$154 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$399)

NONPROFIT
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 JUN 19 AM 11:45

DOCUMENT # N25290 (0)

1. Corporation Name

HOLOPAW VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

4751 TURNAROUND BAY RD
ST. CLOUD FL 34773

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ST. CLOUD FL 34773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1988

3a. Date of Last Report

06/16/1994

4. FEI Number

NOT APPLICABLE

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

☐

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASTON, EDWARD
9010 SALEM ROAD
ST. CLOUD FL 34773

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 617.0502 and 617.1508, 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 617.0503, 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
NAME MUNSON, AL
STREET ADDRESS 7350 CRABGRASS ROAD
CITY - ST - ZIP ST. CLOUD FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME CURRY, DANIELLE
STREET ADDRESS 7175 CRABGRASS ROAD
CITY - ST - ZIP ST. CLOUD FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME WORTH, SANDRA K.
STREET ADDRESS 4965 NOVA AVENUE
CITY - ST - ZIP ST. CLOUD FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME WINES, BOBBY
STREET ADDRESS 7353 CRABGRASS ROAD
CITY - ST - ZIP ST. CLOUD FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME CURRY, TRIS
STREET ADDRESS 7175 CRABGRASS ROAD
CITY - ST - ZIP ST. CLOUD FL

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE TD
NAME CURRY, GILDA
STREET ADDRESS 7125 CRABGRASS ROAD
CITY - ST - ZIP ST. CLOUD FL

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(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:

Gilda Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-95

Date

407-892-9725

Telephone Number