SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # **N25789** **(1)**

1. Corporation Name
ROYAL VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
9641 CTY RD 235 WILDWOOD FL 34785 US	9641 CTY RD 235 WILDWOOD FL 34785 US

3. Date Incorporated or Qualified: 04/06/1988
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-2911394 ☐ 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. 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

SOLOMON, LEVI
~~RT. 2 BOX 100D CR 237~~ 10101 CR 237
~~WILDWOOD FL 34785~~ OXFORD, FL 34484

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 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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☑ Addition
NAME	SOLOMON, LEVI	12 NAME	Lorenzo Brooks
STREET ADDRESS	~~RT. 2 BOX 100D CR237~~ 10101 CR 237	13 STREET ADDRESS	P O Box 382
CITY ST ZIP	~~WILDWOOD FL~~ OXFORD, FL 34484	14 CITY ST ZIP	Wildwood, Fl 34785
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	~~KUHNS, GLORIA~~ Louise Williams	22 NAME	
STREET ADDRESS	~~RT 1 BOX 112AL CR 204~~ 1516 CR 228	23 STREET ADDRESS	
CITY ST ZIP	~~OXFORD FL 34484~~ Wildwood, Fl 34785	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	~~ANDREWS, LARRY~~ Louise Williams	32 NAME	
STREET ADDRESS	~~PO BOX 35 N/A~~ 1516 CR 228	33 STREET ADDRESS	
CITY ST ZIP	~~WILDWOOD FL 34785~~ Wildwood, Fl 34785	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KUHNS, JOHN C	42 NAME	
STREET ADDRESS	PO BOX 1746 N/A	43 STREET ADDRESS	
CITY ST ZIP	WILDWOOD FL 34785	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	SOLOMON, AMOS James Parris	52 NAME	
STREET ADDRESS	~~RT 2 BOX 100 CR 462~~ 9852 N E 2nd DR.	53 STREET ADDRESS	
CITY ST ZIP	WILDWOOD FL Wildwood, Fl 34785	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	~~KUHNS, JOHN J~~ Nathaniel Williams	62 NAME	
STREET ADDRESS	~~PO BOX 170 N/A~~ 304 WC 462	63 STREET ADDRESS	
CITY ST ZIP	~~OXFORD FL 34484~~ Wildwood, Fl 34785	64 CITY ST ZIP	

CR2E037 (3/95)

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 any attachment with no address.

SIGNATURE: Louise Williams Louise Williams 7/17/95 745-3682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310388