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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:03

DOCUMENT # N34273 (5)

1. Corporation Name

OAK HILL VOLUNTEER FIRE DEPARTMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
291 LAGOON AVE OAK HILL FL 32759 US	P.O. BOX 432 OAK HILL FL 32759 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/18/1989
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-3029994 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 213 n US 1
22: Suite, Apt. #, etc.: N/A
23: City & State: Oak Hill, FL
24: Zip: 32759
25: Country: USA

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAMMOND, KERRI 114 AZALEA AVE EDGEWATER FL 32141	91 Name 92 Street Address (P.O. Box Number is Not Acceptable) 93 94 City: FL 95 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: Kerri A. Hammond
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	S	1.1 TITLE	TD ☒ Change ☐ Addition
NAME	HAMMOND, KERRI	1.2 NAME	HAMMIOND, KERRI
STREET ADDRESS	114 AZALEA RD	1.3 STREET ADDRESS	114 AZALEA RD.
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	EDGEWATER, FL 32141
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	BITTLE, GARY	2.2 NAME	WOODARD, KRISTINE
STREET ADDRESS	105 OAK ST	2.3 STREET ADDRESS	169 WEST LOOP
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	OAK HILL, FL 32759
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	BALMER, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	171 WILLIAM ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	DP ☐ Change ☐ Addition
NAME	ROBINSON, KATHY	4.2 NAME	BITTLE, KATHY
STREET ADDRESS	291 LAGOON AVE.	4.3 STREET ADDRESS	291 LAGOON AVE.
CITY-ST-ZIP	OAK HILL FL	4.4 CITY-ST-ZIP	OAK HILL, FL 32759
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 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: Kathy E. Bittle Kathy E. Bittle 03/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0021055