SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AMOUNT 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $116 (IF DISSOLVED, REINSTATEMENT AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N34536** **(5)**

1. Corporation Name
ROBERTSVILLE VOLUNTEER FIRE DEPARTMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% ARDUSTER HOUSE RT. 5, BOX 136-B QUINCY FL 32351	% ARDUSTER HOUSE RT. 5, BOX 136-B QUINCY FL 32351

3. Date Incorporated or Qualified: **10/04/1989**
3a. Date of Last Report: **05/18/1994**
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. 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

HOUSE, ARDUSTER
RT. 5, BOX 136-B
QUINCY FL 32351

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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MARSHAL, CHARLES	1.2 NAME	Pennick, Johnnie	
STREET ADDRESS	RT 2 BOX 114A	1.3 STREET ADDRESS	Rt.5, Box 136-B	
CITY-ST-ZIP	QUINCY FL	1.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, SARAH	2.2 NAME		
STREET ADDRESS	RT. 5, BOX 105	2.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, JAMES	3.2 NAME		
STREET ADDRESS	RT. 5, BOX 140C	3.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☐ Change ☐ Addition
NAME	HOUSE, ARDUSTER	4.2 NAME		
STREET ADDRESS	RT. 5, BOX 136B	4.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	V	☒ Change ☐ Addition
NAME	ANDERSON, HOSEY	5.2 NAME	Marshal,Charles	
STREET ADDRESS	RT. 5, BOX 105	5.3 STREET ADDRESS	Rt. 2 Box 114A	
CITY-ST-ZIP	QUINCY FL	5.4 CITY-ST-ZIP	Quincy, FL 32351	
TITLE	S	6.1 TITLE		☐ Change ☐ Addition
NAME	PONDER, ELLA M.	6.2 NAME		
STREET ADDRESS	RT. 5, BOX 103-C	6.3 STREET ADDRESS		
CITY-ST-ZIP	QUINCY FL	6.4 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 an attachment with an address.

SIGNATURE: Ella M. Ponder (Ella M. Ponder) 7/7/95 (904)875-1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Phone #

000B610