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

APPROVED AND FILED
95 APR 28 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N36582** **(7)**

1. Corporation Name

SPRUCE CREEK FLY-IN VOLUNTEER FIRE DEPARTMENT, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% DAVID D. FULLER 687 BEVILLE ROAD SOUTH DAYTONA FL 32119	% DAVID D. FULLER 687 BEVILLE ROAD SOUTH DAYTONA FL 32119

3. Date Incorporated or Qualified: 02/06/1990
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3016846 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	Mailing Address
21 220 S. RIDGEWOOD	26 220 S. RIDGEWOOD
Suite, Apt. #, etc. 22 SUITE 210	Suite, Apt. #, etc. 27 SUITE 210
City & State 23 DAYTONA BEACH, FL.	City & State 28 DAYTONA BEACH, FL.
Zip / Country 24 32114 / 25 USA	Zip / Country 29 32114 / 30 USA

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
FULLER, DAVID D. 687 SEVILLE ROAD SOUTH DAYTONA FL 32119	61 Name: FULLER, DAVID D. 62 Street Address (P.O. Box Number is Not Acceptable): 220 S. RIDGEWOOD 63 SUITE 210 64 City: DAYTONA BEACH FL 65 Zip Code: 32114

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 _____ 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	11 TITLE	☐ Change ☐ Addition
NAME	DECKERT, RICHARD EDWIN	12 NAME	
STREET ADDRESS	1888 SELCUSION DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, DAVID ALLEN	22 NAME	
STREET ADDRESS	34 LAZY EIGHTH DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCCULLOUGH, CECIL GORDON	32 NAME	
STREET ADDRESS	1 SNAPROLL LANE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: David Allen Brown DIRECTOR 4/24/95 904-788-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023582