FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:02

DOCUMENT # N39745 (7)

1 Corporate Name
KINGS POINT VOLUNTEER FIRE DEPARTMENT, CORP.

Principal Place of Business	Mailing Address
1568 PINE ISLAND RD KISSIMMEE FL 34744-6632	1568 PINE ISLAND RD. KISSIMMEE FL 34744-6632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1990	3a. Date of Last Report: 08/09/1994
4. FEI Number: 59-3071247	☐ 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 ☒	$68.75 Supplemental Fee Not Required
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

~~HASKETT, JON M.~~
~~2060 NEPTUNE ROAD~~
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Todd A. Haskett
82 Street Address (P.O. Box Number is Not Acceptable): 1568 Pine Island Rd.
83
84 City: Kissimmee, FL 85 Zip Code: 34744

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: Todd A. Haskett (NOTE: Registered Agent signature required when mandatory) DATE: 4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D. V.C. ☒ Change ☐ Addition
NAME	~~WOODY, ROBERT G.~~	12 NAME	DONALD ADAMS
STREET ADDRESS	~~1568 PINE ISLAND ROAD~~	13 STREET ADDRESS	1568 PINE ISLAND RD.
CITY ST ZIP	~~KISSIMMEE FL~~	14 CITY ST ZIP	KISSIMMEE, FL. 34744
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	HASKETT, GENNY	22 NAME	
STREET ADDRESS	2685 ROBIN AVENUE	23 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	~~HASKETT, JON M.~~	32 NAME	FRANIS ORMISTON
STREET ADDRESS	~~2060 NEPTUNE ROAD~~	33 STREET ADDRESS	1568 PINE ISLAND RD.
CITY ST ZIP	~~KISSIMMEE FL~~	34 CITY ST ZIP	KISSIMMEE, FL. 34744
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	~~CRISP, TERRY~~	42 NAME	Debbie Williamson
STREET ADDRESS	~~1568 PINE ISLAND RD.~~	43 STREET ADDRESS	1568 PINE ISLAND RD.
CITY ST ZIP	~~KISSIMMEE FL~~	44 CITY ST ZIP	Kissimmee, Fl 34744
TITLE	C	51 TITLE	☐ Change ☐ Addition
NAME	HASKETT, TODD	52 NAME	
STREET ADDRESS	2685 ROBIN AVE.	53 STREET ADDRESS	
CITY ST ZIP	KISSIMMEE FL	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 the 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: Todd A. Haskett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/25/95 Daytime Phone #: 847-5755

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