CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:06

DOCUMENT # N44407 (7)

1. Corporation Name
MARION COUNTY FIREMAN'S ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 432<br>13150 E CR 316<br>FT MCCOY FL 32134<br>US | PO BOX 432<br>13150 E CR 316<br>FT MCCOY FL 32134<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/24/1991
3a. Date of Last Report: 03/17/1994
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 ☒ $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 (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

GREER, CHARLES W.
6530 SW 155 STR
DUNNELLON FL 34432

10. Name and Address of New Registered Agent

81 Name: James H. Henderson
82 Street Address (P.O. Box Number is Not Acceptable): 19070 S.E. 90 St.
83: P.O. Box 1051
84 City: Ocklawaha FL 85 Zip Code: 32179

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: James H. Henderson — James H. Henderson — 3/10/95
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 | DP | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | CUSTER, KERN | 12 NAME | | |
| STREET ADDRESS | 13150 E CR 316 | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MCCOY FL | 14 CITY-ST-ZIP | | |
| TITLE | VD | 21 TITLE | D.V.P. | ☒ Change ☐ Addition |
| NAME | SHULER, JAMES | 22 NAME | James V. Martin | |
| STREET ADDRESS | 4340 N.E. 17TH ST. RD. | 23 STREET ADDRESS | 16291 N.E. 141 Ct. | |
| CITY-ST-ZIP | CITRA FL | 24 CITY-ST-ZIP | Ft. McCoy, Fl. 32 134-0263 | |
| TITLE | SD | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MARTIN, BONNIE | 32 NAME | | |
| STREET ADDRESS | 24200 E. HWY. 316 | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | SALT SPGS. FL | 34 CITY-ST-ZIP | | |
| TITLE | | 41 TITLE | D.TREAS. | ☒ Change ☒ Addition |
| NAME | | 42 NAME | JAMES H. HENDERSON | |
| STREET ADDRESS | | 43 STREET ADDRESS | 19070 S.E. 96 ST. | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | OCKLAWAHA, FL. 32179-1051 | |
| 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: James H. Henderson — JAMES H. HENDERSON — 3/10/95 — 904-288-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023410