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 MAR 16 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44989 (4)

1. Corporation Name
GLEN ST. MARY FIREMAN'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
S. GLEN AVE. GLEN ST MARY FL 32040	P.O. BOX 723 GLEN ST. MARY FL 32040 US

3. Date Incorporated or Qualified: 08/30/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3126824 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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

PERRYMAN, WALTER C.
RT 1 BOX 5560
GLEN ST MARY FL 32040

10. Name and Address of New Registered Agent

81 Name: James D. Sealey
82 Street Address (P.O. Box Number is Not Acceptable): 103 South Glen Ave.
83
84 City: Glen St. Mary FL 85 Zip Code: 32040

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 D. Sealey 3-1-95
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	1.1 TITLE	DP	☑ Change ☐ Addition
NAME	DAVID KNAPP	1.2 NAME	JAMES Sealey	
STREET ADDRESS	BOX 611 BLAIR CIRCLE N/A	1.3 STREET ADDRESS	P.O. Box 466 N/A	3
CITY-ST-ZIP	GLEN ST MARY FL 32040	1.4 CITY-ST-ZIP	Glen St. Mary, Fl. 32040	
TITLE	DV	2.1 TITLE	DV	☑ Change ☐ Addition
NAME	JEFF BARTON	2.2 NAME	Eugene Harvey	
STREET ADDRESS	RT. A BOX 1460 N/A	2.3 STREET ADDRESS	Rt. 1, Box 5580	
CITY-ST-ZIP	GLEN ST MARY FL 32040	2.4 CITY-ST-ZIP	Glen St. Mary, Fl 32040	
TITLE	D	3.1 TITLE	D3	☑ Change ☐ Addition
NAME	JAMES SEALEY	3.2 NAME	Marilyn Penrod	
STREET ADDRESS	P.O BOX 466 N/A	3.3 STREET ADDRESS	P.O. Box 611 Blair Circle N/A	5
CITY-ST-ZIP	GLEN ST MARY FL 32040	3.4 CITY-ST-ZIP	Glen St. Mary, Fl. 32040	
TITLE	D	4.1 TITLE	DT	☑ Change ☐ Addition
NAME	ROANN PADGETT	4.2 NAME	Rhonda Harvey	
STREET ADDRESS	P.O. BOX 105 N/A	4.3 STREET ADDRESS	Rt. 1 Box 5580	
CITY-ST-ZIP	GLEN ST MARY FL 32040	4.4 CITY-ST-ZIP	Glen St. Mary, Fl 32040	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	MARILYN PENROD	5.2 NAME		
STREET ADDRESS	P.O. BOX 611 BLAIR CIRCLE N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	GLEN ST. MARY FL 32040	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: Marilyn Penrod Marilyn Penrod 3-1-95 904-259-8969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022000