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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY 11 PM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000326 (0)

1. Corporate Name

PORT ORANGE FIRE AND RESCUE BENEVOLENT FUND, INC

Principal Place of Business	Mailing Address
1090 CITY CENTER BLVD PORT ORANGE FL 32119 US	1090 CITY CENTER BLVD PORT ORANGE FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1992	3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-3154469	☐ 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 / County 24 / 25	ZIP / County 29 / 30

9. Name and Address of Current Registered Agent

LAMB, TREVOR V
4393 RIDGEWOOD AVE
SUITE 1
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name	ERIC V. GILL
82 Street Address (P.O. Box Number is Not Acceptable)	4393 Ridgewood Ave.
83	Suite 1
84 City / 85 Zip Code	Port Orange / FL / 32127

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 5/5/95

Signature (signature, printed name of current registered agent, or new registered agent) — (New Registered Agent signature required when marked)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCS	11 TITLE	☐ Change ☐ Addition
NAME	HOOKER, ALAN W	12 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	13 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SHERIDAN, FRANK T	22 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	23 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BURGMAN, KENNETH D	32 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	33 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ERTZ, MICHAEL L	42 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD.	43 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PARKER, GARY P	52 NAME	
STREET ADDRESS	1090 CITY CENTER BLVD	53 STREET ADDRESS	
CITY ST ZIP	PORT ORANGE FL 32119-9814	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 above, or on an attachment with an address.

SIGNATURE: Alan W. Hooker May 4, 1995 (904) 756-5401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031199