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 -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000061 (2)

1. Corporation Name

STAGECOACH VOLUNTEER FIRE DEPARTMENT, INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 59 LIVE OAK FL 32060-9704	ROUTE 1, BOX 59 LIVE OAK FL 32060-9704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-3161833 ☐ 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

SIVYER, DONALD E
ROUTE 1, BOX 59
LIVE OAK FL 32060-9704

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SIVYER, DONALD E	1.2 NAME	GOFF, BRUCE	DELETE
STREET ADDRESS	RT 1, BOX 59	1.3 STREET ADDRESS	BOYS RANCH	
CITY-ST-ZIP	LIVE OAK FL 32060-9204	1.4 CITY-ST-ZIP	LIVE OAK, FL	
TITLE	V	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MCCOLLISTER, ED	2.2 NAME	OSCAR MATTOX	
STREET ADDRESS	RT 1, BOX 222	2.3 STREET ADDRESS	RT1 BOX 139	
CITY-ST-ZIP	LIVE OAK FL 32060	2.4 CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	S	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LARNEY, DOROTHY	3.2 NAME	CURTIS PADGETT	
STREET ADDRESS	RT 1, BOX 332B	3.3 STREET ADDRESS	RT1 BOX 149	
CITY-ST-ZIP	LIVE OAK FL 32060	3.4 CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	T	4.1 TITLE	P	☒ Change ☐ Addition
NAME	BATES, RUSSELL	4.2 NAME	DONALD E, SIVYER	
STREET ADDRESS	RT 1, BOX 193	4.3 STREET ADDRESS	RT1 BOX 59	
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP	LIVE OAK, FL 32060-9704	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SELLGREN, JOHN	5.2 NAME		
STREET ADDRESS	RT 1, BOX 27	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GOFF, BRUCE	6.2 NAME		
STREET ADDRESS	BOYS RANCH	6.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060	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)(k), 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: Donald E. Sivyer DONALD E. SIVYER 1-30-95 (904) 362-7108
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028392