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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000002155 (0)

1. Corporation Name

LAKE IAMONIA VOLUNTEER FIRE RESCUE, INC.

Principal Place of Business

Mailing Address

6013 YELLOW MOON DR
TALLAHASSEE FL 32312

P.O. BOX 15405
TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1993	3a. Date of Last Report 08/04/1994
4. FEI Number 59-3187547	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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 Suite, Apt. #, etc. 199 Meridian Hills Rd. City & State Tallahassee Zip 32312	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country	27 City & State 28 Zip Country	29 Zip Country	30 Country
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9. Name and Address of Current Registered Agent

AINSWORTH, MIKE
14206 BUCKHORN RD.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Geri Dottorelli	82 Street Address (P.O. Box Number is Not Acceptable) 199 Meridian Hills Rd.	83	84 City Tallahassee	85 Zip Code FL 32312
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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: Geri Dottorelli Geri Dottorelli 4-19-95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	AINSWORTH, MIKE 14206 BUCKHORN RD. TALLAHASSEE FL 32312	1.1 TITLE PT	Change ☒ Addition ☐ Dottorelli, Geri 199 Meridian Hills Rd. Tallahassee FL 32312
TITLE VPS	DOTTORELLI, GERI 199 MERIDIAN HILLS RD. TALLAHASSEE FL 32312	2.1 TITLE VP	Change ☐ Addition ☐ CONE, John 1143 Robin Kay Rd. Tallahassee FL 32312
TITLE D	DOTTORELLI, MIC 199 MERIDIAN HILLS RD. TALLAHASSEE FL 32312	3.1 TITLE D	Change ☐ Addition ☐ Dottorelli, Mike 199 Meridian Hills Rd. Tallahassee FL 32312
TITLE D	CONE, JOHN 1143 ROBIN KAY RD. TALLAHASSEE FL 32312	4.1 TITLE D	Change ☒ Addition ☐ Matthews, Richard 3301 Woody Way Tallahassee FL 32308
TITLE FC	XANDERS, DUANE 2310 CLARE DR. TALLAHASSEE FL 32312	5.1 TITLE D	Change ☐ Addition ☐ Ainsworth, Mike 14206 Buckhorn Rd. Tallahassee FL 32312
TITLE		6.1 TITLE S/T	Change ☐ Addition ☒ Kirkpatrick, Nita 275 John Kay Rd # F101 Tallahassee FL 32312

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 110.07(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: Geri Dottorelli Geri Dottorelli 4-19-95 878.4127
Signature and typed or printed name of signing officer or director. (Date) (Type Name)

NQ300002155

#13

7.1 F/C

7.2 Svenson, Norman

7.3 12029 Cedar Bluff

7.4 Tallahassee, FL 32312