

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000003056 (8)**

1. Corporation Name

ORANGE SPRINGS VOLUNTEER FIRE FIGHTER'S AUXILIARY, INC.



Principal Place of Business: 23520 N HWY 315 ORANGE SPRINGS FL 32182
Mailing Address: P O BOX 634 ORANGE SPRINGS FL 32182-0634

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-3253035
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LOCKE, LUCILLE
10767 NE 227TH PL RD
ORANGE SPRINGS FL 32182**

10. Name and Address of New Registered Agent
81 Name: Sandra Jones
82 Street Address (P.O. Box Number is Not Acceptable): 23330 N.E. 117th Terr
83
84 City: Orange Springs FL 85 Zip Code: 32182

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Sandra Jones* DATE: 4/13/96
Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, LUCILLE	
STREET ADDRESS	10767 NE 227 PL RD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HELLINGER, CLYDE	
STREET ADDRESS	23525 NE 110 AVE	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRAME, MARGARET	
STREET ADDRESS	22620 NE 112 TERR	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CARPENTER, AUDREY	
STREET ADDRESS	22496 NE 130 CT RD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sandra Jones	
1.3 STREET ADDRESS	23330 N.E. 117th Terr.	
1.4 CITY-ST-ZIP	Orange Springs, Fl. 32182	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Sandra Jones* SANDRA JONES 4/13/96 (352) 546-3144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)