


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000003056 (8)**

1. Corporation Name

**ORANGE SPRINGS VOLUNTEER FIRE FIGHTER'S AUXILIARY, INC.**

Principal Place of Business

Mailing Address

**23520 N HWY 315  
ORANGE SPRINGS FL 32182**

**P O BOX 634  
ORANGE SPRINGS FL 32182-0634**

3. Date Incorporated or Qualified <b>06/21/1994</b>	3a. Date of Last Report <b>04/18/1996</b>
4. FEI Number <b>59-3253035</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SANDRA JONES  
23330 N.E. 117TH TERR  
ORANGE SPRINGS FL 32182**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PT	<input type="checkbox"/> DELETE
NAME	<b>SANDRA JONES</b>	
STREET ADDRESS	<b>23330 N.E. 117TH TERR</b>	
CITY-ST-ZIP	<b>ORANGE SPRINGS FL</b>	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	<b>HELLINGER, CLYDE</b>	
STREET ADDRESS	<b>23525 NE 110 AVE</b>	
CITY-ST-ZIP	<b>ORANGE SPRINGS FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>FRAME, MARGARET</b>	
STREET ADDRESS	<b>22620 NE 112 TERR</b>	
CITY-ST-ZIP	<b>ORANGE SPRINGS FL</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARPENTER, AUDREY</b>	
STREET ADDRESS	<b>22496 NE 130 CT RD</b>	
CITY-ST-ZIP	<b>ORANGE SPRINGS FL</b>	
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	<b>PRESIDENT / TRUSTEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VICE PRESIDENT / TRUSTEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>TREASURER / TRUSTEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>SECRETARY - TRUSTEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MARY MCCLURE</b>	
4.3 STREET ADDRESS	<b>10987 N.E. HWY C-318</b>	
4.4 CITY-ST-ZIP	<b>ORANGE SPRINGS FL 32182</b>	
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 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: *Margaret Frame* *Audrey Carpenter* *Mary McClure* **4/23/97** **(352) 546-4137**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone **0003887**

CR2E037 (9/96)