

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



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

3. Date Incorporated or Qualified

06/21/1994

4. FEI Number

59-3253035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

VERNON W. LUMM

82 Street Address (P.O. Box Number is Not Acceptable)

197 INDIAN LAKES RD.

83

84 City

HAWTHORNE

FL

85 Zip Code

32640

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 617.0502, Florida Statutes.

SIGNATURE

Vernon W. Lumm
Signature, typed or printed name of registered agent and title if applicable.

Vernon W. Lumm
(NOTE: Registered Agent signature)

4-1-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PT
SANDRA JONES**
STREET ADDRESS **23330 N.E. 117TH TERR**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☐ DELETE

NAME **VPT
HELLINGER, CLYDE**
STREET ADDRESS **23525 NE 110 AVE**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☐ DELETE

NAME **TT
FRAME, MARGARET**
STREET ADDRESS **22620 NE 112 TERR**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☐ DELETE

NAME **ST
MCCLURE, MARY**
STREET ADDRESS **10987 NE HWY C-318**
CITY-ST-ZIP **ORANGE SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**PT
VERNON W. LUMM
197 INDIAN LAKES RD.
HAWTHORNE, FL 32640**

**YVONNE G. LANE
P.O. BOX 400 22430 NE 108 AVE. RD.
ORANGE SPRINGS
FL 32182-0400**

14. I 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:

Yvonne G Lane 1st April 98, 352 546

CR2E037 (10/97)