

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 22, 2009
Secretary of State**

DOCUMENT# 704873

Entity Name: THE DE BARY VOLUNTEER FIREMEN'S ASSOCIATION INCORPORATED

Current Principal Place of Business:

10 COLUMBA RD
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530853
DEBARY, FL 32753 US

New Mailing Address:

FEI Number: 59-1722263 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MULKEY, BRYANT
200 N. CORTEZ AVE.
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MULKEY, BRYANT
Address: 200 N. CORTEZ AVE.
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: KOVACS, MARC
Address: 230 VALENCIA RD.
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: STAAB, YVONNE K
Address: 22802 STALLION DR
City-St-Zip: SORRENTO, FL 32776

Title: T () Delete
Name: NEYER, DONALD J
Address: 207 E HIGH BANKS RD.
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: CRAWFORD, DENICE
Address: 11 LILAC DR
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: SCHULZ, DONALD
Address: 114 VALENCIA RD
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HENNING, STEPHEN
Address: 152 DEBARY DR.
City-St-Zip: DEBARY, FL 32713

Title: D (X) Change () Addition
Name: SCHULZ, DONALD
Address: 114 VALENCIA RD
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD J. NEYER

Electronic Signature of Signing Officer or Director

TREA

04/22/2009

Date