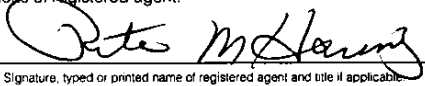
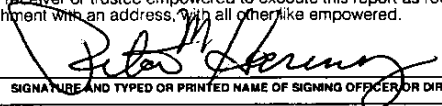


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90425 047 ****61.25

DOCUMENT # 711047 1. Entity Name THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.			
Principal Place of Business 1030 OVERSEAS HWY., MM68 1/2 P.O. BOX 624 LONG KEY, FL 33001		Mailing Address 1030 OVERSEAS HWY., MM68 1/2 P.O. BOX 624 LONG KEY, FL 33001	
2. Principal Place of Business 68260 OVERSEAS HWY Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 624 Suite, Apt. #, etc.	
City & State LONG KEY FL Zip 33001-0624		City & State LONG KEY FL Zip 33001-0624	
4. FEI Number 59-2336398		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARING, RITA M 68300 OVERSEAS HWY LAYTON, FL 33001		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		DATE 04.29.05 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME HILLMAN, HARVEY STREET ADDRESS 217 PEACHTREE CITY-ST-ZIP MARATHON, FL 33050	☒ Delete	TITLE P NAME CLARK D SNOW STREET ADDRESS P.O. BOX 493 CITY-ST-ZIP LONG KEY FL 33001	☐ Change ☒ Addition
TITLE V NAME SNOW, CLARK STREET ADDRESS PO BOX 493 CITY-ST-ZIP LONG KEY, FL 33001	☒ Delete	TITLE V NAME PATRICIA HILLMAN STREET ADDRESS 217 PEACHTREE CITY-ST-ZIP MARATHON FL 33050	☐ Change ☒ Addition
TITLE DIR NAME DEVALLE, BRUCE STREET ADDRESS PO BOX 798 CITY-ST-ZIP LONG KEY, FL 33001	☒ Delete	TITLE DIR NAME CAROL MAGLAREN STREET ADDRESS P.O. BOX 937 CITY-ST-ZIP LONG KEY FL 33001	☐ Change ☒ Addition
TITLE T NAME HARING, PHILIP STREET ADDRESS 65820 OVERSEAS HWY CITY-ST-ZIP LONG KEY, FL 33001	☒ Delete	TITLE T NAME RITA HARING STREET ADDRESS P.O. BOX 838 CITY-ST-ZIP LONG KEY FL 33001	☐ Change ☒ Addition
TITLE S NAME KEENEY, HAROLYN STREET ADDRESS PO 493 CITY-ST-ZIP LONG KEY, FL 33001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04.29.05 Date	
Daytime Phone #			