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	Mailing Address
1030 OVERSEAS HWY.,MM68 1/2 P.O.BOX 624 LONG KEY, FL 33001	1030 OVERSEAS HWY.,MM68 1/2 P.O.BOX 624 LONG KEY, FL 33001

04232005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
68260 OVERSEAS HWY Suite, Apt. #, etc.	P.O. BOX 624 Suite, Apt. #, etc.
City & State: LONG KEY FL	City & State: LONG KEY FL
Zip: 33001-0624 Country	Zip: 33001-0624 Country

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	7. Name and Address of New Registered Agent
HARING, RITA M 68300 OVERSEAS HWY LAYTON, FL 33001	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 Rita M Haring 04.29.05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P HILLMAN, HARVEY 217 PEACHTREE MARATHON, FL 33050	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CLARK D SNOW P.O.BOX 493 LONG KEY FL 33001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SNOW, CLARK PO BOX 493 LONG KEY, FL 33001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HILLMAN PATRICIA HILLMAN 217 PEACHTREE MARATHON FL 33050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR DEVALLE, BRUCE PO BOX 798 LONG KEY, FL 33001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR CAROL MACLAREN P.O. BOX 937 LONG KEY FL 33001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARING, PHILIP 65820 OVERSEAS HWY LONG KEY, FL 33001	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RITA HARING P.O. BOX 838 LONG KEY FL 33001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEENEY, HAROLYN PO 493 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: Rita M Haring 04.29.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #