2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# 711047

Entity Name: THE LAYTON VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

68260 OVERSEAS HWY
LONG KEY, FL 330010624

New Principal Place of Business:

Current Mailing Address:

PO BOX 624
LONG KEY, FL 330010624

New Mailing Address:

68260 OVERSEAS HWY
PO BOX 624
LONG KEY, FL 330010624

FEI Number: 59-2336398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARING, RITA M
68300 OVERSEAS HWY
LAYTON, FL 33001 US

Name and Address of New Registered Agent:

HARING, RITA M TRES
68300 OVERSEAS HWY
LAYTON, FL 33001 US

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: RITA HARING 02/20/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BRESSLER, THOMAS
Address: PO BOX 563
City-St-Zip: LONG KEY, FL 33001

Title: S ( ) Delete
Name: HILLMAN, PATRICIA
Address: 217 PEACHTREE
City-St-Zip: MARATHON, FL 33050

Title: VP ( ) Delete
Name: MACLAREN, CAROL
Address: PO BOX 937
City-St-Zip: LONG KEY, FL 33001

Title: T ( ) Delete
Name: HARING, RITA
Address: PO BOX 838
City-St-Zip: LONG KEY, FL 33001

Title: S ( ) Delete
Name: FUSCO, JOHN
Address: PO 517
City-St-Zip: LONG KEY, FL 33001

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: SCOTT, CLARLYN
Address: PO BOX 517
City-St-Zip: LAYTON, FL 33001

Title: VP (X) Change ( ) Addition
Name: FUSCO, JOHN
Address: PO BOX 517
City-St-Zip: LAYTON, FL 33001

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

Title: S (X) Change ( ) Addition
Name: MACLAREN, CAROL
Address: PO 937
City-St-Zip: LONG KEY, FL 33001

I hereby certify that the information supplied with this filing does not qualify for the 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: RITA HARING TREA 02/20/2007
Electronic Signature of Signing Officer or Director Date