

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711047

FILED
Jan 20, 2009
Secretary of State

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:

68260 OVERSEAS HWY
PO BOX 624
LONG KEY, FL 330010624

New Mailing Address:

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 TRES
68300 OVERSEAS HWY
LAYTON, FL 33001 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: BRESSLER, THOMAS
Address: PO BOX 563
City-St-Zip: LONG KEY, FL 33001

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

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

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

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

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

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: RITA HARING

T

01/20/2009

Electronic Signature of Signing Officer or Director

Date