

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# 715412

Entity Name: TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANCECORP., INC.

Current Principal Place of Business:

151 MARINE AVENUE
POST OFFICE BOX 301
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

151 MARINE AVENUE
POST OFFICE BOX 301
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 23-7155875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOCK, DONALD
197 OCEAN DR.
PO BOX 295
TAVERNIER, FL 33070 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: D () Delete
Name: GONZALEZ, BENEDICIO
Address: 135 PACIFIC AVE
City-St-Zip: TAVERNIER, FL 33070

Title: VD () Delete
Name: DRURY, DANIEL
Address: 140 PEARL AVE
City-St-Zip: TAVERNIER, FL 33070

Title: TD () Delete
Name: BOCK, DONALD
Address: 197 OCEAN DR / PO BOX 295
City-St-Zip: TAVERNIER, FL 33070

Title: SD () Delete
Name: HYNES, JEFFREY
Address: 156 HARBOR VIEW DR.
City-St-Zip: TAVERNIER, FL 33070

Title: PD () Delete
Name: BURLEY, ROBERT
Address: 126 PACIFIC AVE
City-St-Zip: TAVERNIER, FL 33070

Title: D (X) Delete
Name: CULLEN, THOMAS
Address: 139 CASA CT.
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURLEY, ROBERT
Address: 126 PACIFIC AVE
City-St-Zip: TAVERNIER, FL 33070

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: D (X) Change () Addition
Name: STROBEL, THOMAS
Address: 167 CORAL RD
City-St-Zip: TAVERNIER, FL 33070

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 BOCK

TD

04/26/2005

Electronic Signature of Signing Officer or Director

Date