

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 016 ****70.00

40029037



03082006 Chg-NP CR2E037 (11/05)

4. FEI Number **23-7155875** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # 715412
 1. Entity Name
TAVERNIER VOLUNTEER FIRE DEPARTMENT AND AMBULANCECORP., INC.



Principal Place of Business
**151 MARINE AVENUE
 POST OFFICE BOX 301
 TAVERNIER, FL 33070**

Mailing Address
**151 MARINE AVENUE
 POST OFFICE BOX 301
 TAVERNIER, FL 33070**

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

6. Name and Address of Current Registered Agent
**BOCK, DONALD
 197 OCEAN DR.
 PO BOX 295
 TAVERNIER, FL 33070**

7. Name and Address of New Registered Agent
 Name **BOCK, DONALD**
 Street Address (P.O. Box Number is Not Acceptable) **98600 OVERSEAS HWY**
PO Box 295
 City **TAVERNIER** FL Zip Code **33070**

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]* **DONALD BOCK, TD** DATE **03/08/06**

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	PD BURLEY, ROBERT 126 PACIFIC AVE TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRURY, DANIEL 140 PEARL AVE TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOCK, DONALD 197 OCEAN DR / PO BOX 295 TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE TD NAME BOCK, DONALD STREET ADDRESS PO BOX 295 CITY-ST-ZIP TAVERNIER, FL 33070	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYNES, JEFFREY 156 HARBOR VIEW DR. TAVERNIER, FL 33070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROBEL, THOMAS 167 CORAL RD TAVERNIER, FL 33070 <input checked="" type="checkbox"/> Delete	TITLE D NAME RIEVEA, ROBERT STREET ADDRESS PO Box 21 CITY-ST-ZIP KEY LARGO, FL 33070	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* **DONALD BOCK, TD** DATE **03/09/06** (305) 393-2403