

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715412

FILED  
Feb 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

151 MARINE AVENUE  
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  
98600 OVERSEARS HWY  
KEY LARGO, FL 33037      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  
Name: POLLOCK, STEPHEN  
Address: 140 RIVIERA DR  
City-St-Zip: TAVERNIER, FL 33070

Title: VD  
Name: DRURY, DANIEL  
Address: PO BOX 1363  
City-St-Zip: TAVERNIER, FL 33070

Title: TD  
Name: BOCK, DONALD  
Address: P.O. BOX 295  
City-St-Zip: TAVERNIER, FL 33070

Title: PD  
Name: HYNES, JEFFREY  
Address: 156 HARBOR VIEW DR.  
City-St-Zip: TAVERNIER, FL 33070

Title: D  
Name: GILLEY, SHERROD  
Address: 500 SW 10TH AVE  
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: DON BOCK

TD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date