


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90046 026 \*\*\*\*61.25

<b>DOCUMENT # 721493</b> 1. Entity Name <b>CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC</b>					
Principal Place of Business <b>5302 W. THONOTOSASSA PO BOX 1303 PLANT CITY, FL 33565-8425</b>			Mailing Address <b>P.O. BOX 1303 PLANT CITY, FL 33564-1303</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1720887</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WALKER, GERALD 4811 W BOOTH RD PLANT CITY, FL 33566</b>				7. Name and Address of New Registered Agent Name <b>Charles L. Floyd</b> Street Address (P.O. Box Number is Not Acceptable) <b>1912 W. Hunter Rd</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33565</b>	
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 <i>Charles L. Floyd</i> Signature, typed or printed name of registered agent and title if applicable.		<b>Charles L. Floyd</b> (NOTE: Registered Agent signature required when reinstating)		DATE <b>2/4/04</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FD</b> <b>WALKER, RHONDA D</b> <b>4811 W. BOOTH RD.</b> <b>PLANT CITY, FL 33565,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Walker Rhonda</b> <b>4811 W. Booth Rd</b> <b>PLANT CITY, FL 33565</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTI, DAVID</b> <b>1246 TERRACE DRIVE</b> <b>PLANT CITY, FL 33565,</b>	<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	<b>SD</b> <b>COLLINS, DORCAS</b> <b>4635 W KNIGHTS GRIFFIN RD</b> <b>PLANT CITY, FL</b>	<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	<b>PD</b> <b>HIMELRIGHT, DARLENE</b> <b>4609 MILEY RD</b> <b>PLANT CITY, FL 33565</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Himelright Darlene</b> <b>4609 Miley Rd</b> <b>Plant City, FL 33565</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GD</b> <b>WALKER, GERALD</b> <b>4811 W BOOTH RD.</b> <b>PLANT CITY, FL 33565,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>C.B. Franklin</b> <b>1107 Branchacres Dr</b> <b>PLANT CITY, FL 33565</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Rhonda Walker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>DIRECTOR</b>		Date <b>2/5/04</b>	Daytime Phone # <b>813 716-5693</b>