

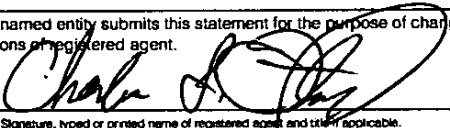
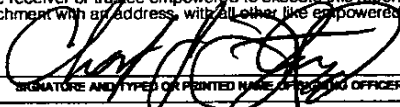


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90197 049 \*\*\*\*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</b> <del>PO BOX 1303</del> <b>PLANT CITY, FL 33565-8425</b>				Mailing Address <b>P.O. BOX 1303</b> <b>PLANT CITY, FL 33564-1303</b>	
2. Principal Place of Business <b>5302 W. Thonotosassa Rd.</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Plant City FL</b> Zip <b>33565</b>		City & State Zip Country		4. FEI Number <b>59-1720887</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04102006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent  <b>FLOYD, CHARLES L</b> <b>1912 W. HUNTER RD</b> <b>PLANT CITY, FL 33565</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>04/17/06</b>  <small>DATE</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when resigning)</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</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>TD</b> <b>BAIRD, CHARLES P</b> <b>13163 THONOTOSASSA RD.</b> <b>DOVER, FL 33527</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Floyd, Charles L.</b> <b>1912 W. Hunter Rd.</b> <b>Plant City, FL 33565</b>	<input type="checkbox"/> Change <input checked="" 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 33563</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Ken Chancey</b> <b>1210 Branch Acres Dr.</b> <b>Plant City, FL 33565</b>	<input type="checkbox"/> Change <input checked="" 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 33565</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Board Member</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Driskell, Deborah L.</b> <b>2902 James Melvin Dr.</b> <b>Plant City, FL 33565</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>FRANKLIN, C.B.</b> <b>1409 PLANTATION CIR. APT. 401</b> <b>PLANT CITY, FL 33566</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Brown, Carol A.</b> <b>5609 Forest Creek Dr.</b> <b>Lakeland, FL 33810</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Huntley, Tony</b> <b>5014 Sugar Oak Lane</b> <b>Dover, FL 33527</b>	<input type="checkbox"/> Change <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			<b>04/17/06 (813) 757-3915</b> <small>Date Daytime Phone #</small>		