

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723561

FILED
Jan 26, 2009
Secretary of State

Entity Name: THOMAS DRIVE VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

2913 THOMAS DRIVE
PANAMA CITY BEACH, FL 324086251 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 18877
PANAMA CITY BEACH, FL 32417 US

New Mailing Address:

FEI Number: 23-7322380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOPKA, ROBERT J TREAS
2913 THOMAS DRIVE
PANAMA CITY BEACH, FL 324086251 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: PD () Delete
Name: ROBESON, RICK PRES.
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251 US

Title: VD () Delete
Name: IMHOF, SALEM V. PRES
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251

Title: SD () Delete
Name: STOPKA, ROBERT J SECTY
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251

Title: TD () Delete
Name: STOPKA, ROBERT J TREAS
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251

Title: D () Delete
Name: WALKER, FRED K DIR
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251

Title: D () Delete
Name: COLLINS, JOSEPH DIR
Address: 2913 THOMAS DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 324086251

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT J. STOPKA

SD

01/26/2009

Electronic Signature of Signing Officer or Director

_____ Date