2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2008 08:00 AM **DOCUMENT #736290 Secretary of State** 1. Entity Name THERESSA VOLUNTEER FIRE DEPARTMENT, INC. Principal Place of Business Mailing Address 1692 SE 81ST ST 1692 SE 81ST ST STARKE, FL 32091 STARKE, FL 32091 US 01042008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-0012300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PREVATT, MYRON C. JR. DO NOT WRITE **PALMETTO AT NIGHTINGALE** BOX 634 IN THIS SPACE KEYSTONE HEIGHTS, FL 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignsture required when reinstating) DATE \$5.00 May Be 02/27/08-80055-020 61.25 9. Election Campaign Financing Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ACD . TITLE NAME DAMPIER, JOEY STREET ADDRESS **ROUTE 3, BOX 665** CITY-ST-ZIP STRAKE, FL 32091 TITLE MALAF LEE, JESSIE J. STREET ADDRESS 1699 SE 81ST ST. CITY-ST-ZIP STARKE, FL 32091 TITLE NAME SULLIVAN, PERCY S, JR STREET ADDRESS CR 18 RT 3 BOX 1175 DO NOT WRITE CITY-ST-ZIP STARKE, FL TITLE NAME SULLIVAN, DOUGLAS M JR STREET ADDRESS 9107 SE 16TH AVE CITY-ST-ZIP STARKE, FL 32091 TITLE VP NAME **BRANDRICK, STUART** STREET ADDRESS 598 SE 73RD ST CITY-ST-ZIP STARKE, FL 32091

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 paceiver 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 chapter does not present with or address, with all other like empowered.

SIGNATURE

TITLE NAME

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED MANIE OF SIGNING OFFICER OR OFFICER

Jessie Tilee

2/13/08 352-473-23

Daytime Phone #

FILED