2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# 744699

Entity Name: TRAVELERS' REST VOLUNTEER FIRE AND RESCUE, INC.

Current Principal Place of Business:

29129 JOHNSTON RD.
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

29129 JOHNSTON RD.
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-2193936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARD GUTRIDGE
29129 JOHNSTON ROAD 14-39
DADE CITY, FL 33523 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:	DP	( ) Delete
Name:	WILLIAM, STAFFORD	
Address:	29129 JOHNSTON ROAD -2554	
City-St-Zip:	DADE CITY, FL 33523	
Title:	CD	( ) Delete
Name:	GUTRIDGE, RICHARD	
Address:	29129 JOHNSTON ROAD 14-39	
City-St-Zip:	DADE CITY, FL 33523	
Title:	DT	( ) Delete
Name:	BELLINGER, WILLIAM E	
Address:	29129 JOHNSTON RD #2636	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	ROBBINS, FLOYD	
Address:	29129 JOHNSON RD. 2541	
City-St-Zip:	DADE CITY, FL 33523	
Title:	D	( ) Delete
Name:	GEST, RICHARD	
Address:	29129 JOHNSTON ROAD - 2546	
City-St-Zip:	DADE CITY, FL 33523	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	MICHAELS, MARION E	
Address:	29129 JOHNSTON RD 2704	
City-St-Zip:	DADE CITY, FL 33523	
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: MARION E.MICHAELS TREA 04/08/2008

Electronic Signature of Signing Officer or Director Date