

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751967

FILED
Feb 21, 2005
Secretary of State

Entity Name: HAROLD VOLUNTEER FIRE DEPARTMENT COMPANY, INC.

Current Principal Place of Business:

6001 MILLER BLUFF ROAD
MILTON, FL 325836990

New Principal Place of Business:

Current Mailing Address:

6001 MILLER BLUFF ROAD
MILTON, FL 325836990

New Mailing Address:

FEI Number: 59-1837172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIRMUS, PAULA
10409 PINWOOD LN
MILTON, FL 32583 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: TIRMUS, PAULA
Address: 10409 PINWOOD LN
City-St-Zip: MILTON, FL 32583

Title: VP () Delete
Name: GRIFFITH, JED
Address: 7112 SANTA GERTRUDAS
City-St-Zip: MILTON, FL 32583

Title: S () Delete
Name: POWELL, BEVERLY
Address: 6301 DEATON BRIDGE RD
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: TIRMUS, LEON
Address: 10409 PINWOOD LN
City-St-Zip: MILTON, FL 32583

Title: DIR () Delete
Name: TOLER, KAREN
Address: 6940 MERTIS WAY
City-St-Zip: MILTON, FL 32583

Title: TEC () Delete
Name: BESSETTE, ELLEN
Address: 10325 WEST LAKE ROAD
City-St-Zip: MILTON, FL 32583

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 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 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: PAULA TIRMUS

Electronic Signature of Signing Officer or Director

PRES

02/21/2005

_____ Date