


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 766117 1. Entity Name DUETTE VOLUNTEER FIRE/RESCUE DEPARTMENT, INC.	
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FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business 34010-SR 62 DUETTE, FL 33834 US	Mailing Address 34010-SR 62 DUETTE, FL 33834 US
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07092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2964858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WALKER, DAVID L
 3322 CAROL DR
 ELLENTON, FL 34222

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000955717
 07/22/08-80003-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	COKER, FRANK
STREET ADDRESS	31610 TAYLOR GRADE ROAD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	T
NAME	WALKER, DAVID
STREET ADDRESS	3322 CAROL DR
CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	P
NAME	O'CONNOR, JOHN
STREET ADDRESS	11075 TAYLOR GRADE RD
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	D
NAME	GROOVER, GERALD
STREET ADDRESS	31550 SR 62
CITY-ST-ZIP	DUETTE, FL 33834
TITLE	VP
NAME	KEEN, DONNA
STREET ADDRESS	8103 KEEN CEMETARY RD
CITY-ST-ZIP	BOWLING GREEN, FL 33834
TITLE	S
NAME	STEVENS, JIL
STREET ADDRESS	10306 REVELL ROAD
CITY-ST-ZIP	BOWLING GREEN, FL 33834

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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: David L. Walker David L. Walker Date: 7/18/08 941-713-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2707