

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05580

FILED
Aug 07, 2006
Secretary of State

Entity Name: CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

2 WOODLAND AVENUE
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2 WOODLAND AVENUE
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FEHL, KENNETH C PRES.
591 CEDARTREE LN.
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

CARTER, LARRY PRES.
#2 WOODLAND AVE.
CANTONMENT, FL 32533 US

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: LARRY CARTER

08/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FEHL, KENNETH C
Address: 591 CEDAR TREE LANE
City-St-Zip: CANTONMENT, FL 32533

Title: VP (X) Delete
Name: BURKEME, DUSTY
Address: 1119 GRENELEFE RD
City-St-Zip: CANTONMENT, FL 32533

Title: SD (X) Delete
Name: LEVINS, MAUREEN
Address: 600 COULTER AVE.
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: JORDAN, DAVID
Address: 421 WELL LINE RD
City-St-Zip: CANTONMENT, FL 32533

Title: B (X) Delete
Name: CARTER, LARRY
Address: 19 COTTAGE HILL ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: CB () Delete
Name: PICKENS, LLOYD
Address: 109 HARVEST HILL DR.
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARTER, LARRY
Address: #2 WOODLAND AVE.
City-St-Zip: CANTONMENT, FL 32533

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

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

Title: T (X) Change () Addition
Name: WIGGINS, ROY
Address: #2 WOODLAND AVE
City-St-Zip: CANTONMENT, FL 32533

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 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: LARRY CARTER

PD

08/07/2006

Electronic Signature of Signing Officer or Director

Date