


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N10391 1. Entity Name PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.	
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Principal Place of Business C/O JOSH LEMASTER P.O. BOX 220 PONTE VEDRA BEACH, FL 32004-0220	Mailing Address C/O JOSH LEMASTER P.O. BOX 220 PONTE VEDRA BEACH, FL 32004-0220
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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2875274	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

**WILLIAMS, STUART A
155 LIBRARY BLVD.
(PO BOX 220)
PONTE VEDRA, FL 32082**

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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 _____ DATE _____

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, STUART A 55 LIBRARY BLVD PONTE VERDA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISNOSKY, GEORGE 582 LAKE RD PONTE VEDRA, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, MIKE 55 LIBRARY BLVD PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/17/06-80137-016 61.25

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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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR