


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10391**  
 1. Entity Name  
**PONTE VEDRA VOLUNTEER FIRE DEPARTMENT INC.**



Principal Place of Business <b>C/O JOSH LEMASTER          P.O. BOX 220          PONTE VEDRA BEACH, FL 32004-0220</b>	Mailing Address <b>C/O JOSH LEMASTER          P.O. BOX 220          PONTE VEDRA BEACH, FL 32004-0220</b>
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**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2875274</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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

U00000756180  
 05/23/07-80022-003 61.25

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **4/28/07** <sup>904</sup> <sub>632-2601</sub>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #