# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 28, 2008**
**Secretary of State**

DOCUMENT# N17183

**Entity Name:** PETERS ROAD VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

C/O BARRY H STEARNS
2200 SW 46 AVE
FORT LAUDERDALE, FL 33317

**New Principal Place of Business:**

2200 SW 46 AVE
FORT LAUDERDALE, FL 33317

**Current Mailing Address:**

P.O. BOX 16023
PLANTATION, FL 33318

**New Mailing Address:**

**FEI Number: 59-1823954** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

STEARNS, BARRY H
5201 SW 4 STREET
PLANTATION, FL 33317 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: DP ( ) Delete
Name: STEARNS, LANEY E
Address: 5581 SW 13 STREET
City-St-Zip: PLANTATION, FL 33317

Title: DVP ( ) Delete
Name: CROTTY, TIM
Address: 3360 NW 97 TERR
City-St-Zip: SUNRISE, FL 33351

Title: DT ( ) Delete
Name: STEARNS, BARRY H
Address: 5201 SW 4 STREET
City-St-Zip: PLANTATION, FL 33317

**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:

I hereby certify that the information supplied with this filing does not qualify 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: BARRY H STEARNS DT 08/28/2008
Electronic Signature of Signing Officer or Director Date