

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2009  
Secretary of State**

DOCUMENT# N17183

Entity Name: PETERS ROAD VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

2200 SW 46 AVE  
FORT LAUDERDALE, FL 33317

**New Principal Place of Business:**

**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 ( )

**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: DP      (X) Change ( ) Addition  
Name: CROTTY, DONALD R  
Address: 2330SW 42 TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: DVP      (X) Change ( ) Addition  
Name: STEARNS, ELLISON L  
Address: 5581 SW 13 STREET  
City-St-Zip: PLANTATION, FL 33317

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

04/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date