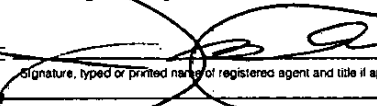
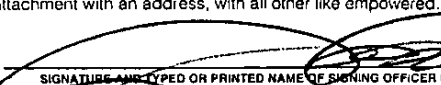


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 041 ****61.25

DOCUMENT # N44718 1. Entity Name JENSEN BEACH VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 150 NE SAMARITAN ST JENSEN BEACH, FL 34957 US				Mailing Address P.O. BOX 223 JENSEN BEACH, FL 34958-0223	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2702139	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CASLIO, TONY CPA 20 W FIFTH STREET STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 2-16-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAMES B			NAME	
STREET ADDRESS	2469 NE 18TH LANE			STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP	
TITLE	D	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MAHONEY, SAM			NAME	
STREET ADDRESS	1430 NE CHARDER ST			STREET ADDRESS	
CITY-ST-ZIP	JERSAN BEACH, FL 34957			CITY-ST-ZIP	
TITLE	P	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	THOMAS, KEITH			NAME	
STREET ADDRESS	2469 NE 18TH LANE			STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957			CITY-ST-ZIP	
TITLE	SD	☒ Delete		TITLE	☒ Change ☐ Addition
NAME	WOOHEY, LAURA			NAME	JOSEPH BELOWCH
STREET ADDRESS	11435 E O'DONNELL LANE			STREET ADDRESS	FISHERSMAN HAVEN
CITY-ST-ZIP	PORT ST-LUCIE, FL 34983			CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2/16/05 Daytime Phone #	