2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N44718 1. Entity Name JENSEN BEACH VOLUNTEER FIRE DEPARTMENT, INC.								02-21	-2005 9	90064 04	1 ****61.	.25	
Principal Place of Business 150 NE SAMARITAN ST JENSEN BEACH, FL 34957 US Mailing Address P.O. BOX 223 JENSEN BEACH, FL 34958-0223					3								
2. Principal Place of Business		3. Mailing Address											
Suite, Apt. #, etc.		Suite			01312005	Chg-N	NP	CR2E0	37 (10/03)				
City & State		City & State									oplied For ot Applicable		
⇒Zip. 	Country:	Zip_		_ Ceu	niry		5. Certificate				\$8.75 Add		
	6. Name and Address of Current F	legistered	Agent				7. Name and	Address	s of New F	Registered	Agent		
0.401.10 #	CONV. CDA				Name: •			, ,n					
CASLIO, TONY CPA 20 W FIFTH STREET STUART, FL 34994					Street Address (P.O. Box Number is Not Acceptable)								
	- ·				City	<u>-</u>				FL	Zip Cod	le	
	named entity submits this statement for ions of registered agent.	the purpo:	se of changing its re	gistere	d office or r	registere	ed agent, or bot	th, in the	State of Fl	orida. I am	_	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applic	able (NOTE: F	Racisland	Agent signature	re required	when reinstating)	-	2		<u> 0 5</u>		
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	Filing Pee is \$61.25 Due by May 1, 2005		9. Election Camp Trust Fund Co	algn Fi	nancing		\$5.00 May B Added to Fees	e			k payable t		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in <u>Section 149.07(3)(i)</u>. Elorida Statutes. Hurther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect 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

2/16/05 Davime Prone *