

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05580

FILED
Feb 05, 2004
Secretary of State**Entity Name:** CANTONMENT VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**2 WOODLAND AVENUE
CANTONMENT, FL 32533**New Principal Place of Business:****Current Mailing Address:**2 WOODLAND AVENUE
CANTONMENT, FL 32533**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KENNETH C. FEHL
1032 PINE TOP LANE
591 CEDAR TREE LANE
CANTONMENT, FL 32533 US**Name and Address of New Registered Agent:**FEHL, KENNETH C PRES.
591 CEDARTREE LN.
CANTONMENT, FL 32533 US

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: KENNETH C FEHL

02/05/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: FEHL, KENNETH
Address: 591 CEDAR TREE LANE
City-St-Zip: CANTONMENT, FL 32533Title: VP () Delete
Name: BURKEME, DUSTY
Address: P.O BOX 249
City-St-Zip: CANTONMENT, FL 32560Title: SD () Delete
Name: WILLIS, KELLI
Address: 102 VAUGHN AVENUE
City-St-Zip: CANTONMENT, FL 32533Title: T () Delete
Name: MARTIN, ANDY
Address: 133 HARVEST HILL DR
City-St-Zip: CANTONMENT, FL 32533Title: D () Delete
Name: CARTER, LARRY
Address: 19 COTTAGE HILL ROAD
City-St-Zip: CANTONMENT, FL 32533Title: CB () Delete
Name: PICKENS, LLOYD
Address: 109 HARVEST HILL DR.
City-St-Zip: CANTONMENT, FL 32533**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: SD (X) Change () Addition
Name: LEVINS, MAUREEN
Address: 600 COULTER AVE.
City-St-Zip: CANTONMENT, FL 32533Title: T (X) Change () Addition
Name: CLAYPOOLE, JACK
Address: 1555 WEST KINGSFIELD RD.
City-St-Zip: CANTONMENT, FL 32533Title: () 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 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 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: KENNETH C FEHL

PD

02/05/2004

Electronic Signature of Signing Officer or Director

Date