2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N96000005960

Entity Name: OSTEEN VOLUNTEER FIREMAN'S ASSOCIATION, INC.

Current Principal Place of Business:

180 NORTH STATE ROAD 415
OSTEEN, FL 32764

New Principal Place of Business:

Current Mailing Address:

180 NORTH STATE ROAD 415
OSTEEN, FL 32764

New Mailing Address:

FEI Number: 59-3411659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: VD ( ) Delete
Name: MAPLE, MIKE
Address: 180 NORTH STATE ROAD 415
City-St-Zip: OSTEEN, FL 32764

Title: PD ( ) Delete
Name: OWENS, STEPHEN
Address: 180 NORTH STATE ROAD 415
City-St-Zip: OSTEEN, FL 32764

Title: TD ( ) Delete
Name: BUCHANAN, JEFF
Address: 180 NORTH STATE ROAD 415
City-St-Zip: OSTEEN, FL 32764

Title: SD ( ) Delete
Name: NAWKESWORTH, MELINDA
Address: 180 NORTH STATE RD 415
City-St-Zip: OSTEEN, FL 32764

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:

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: STEPHEN OWENS PD 04/27/2005

Electronic Signature of Signing Officer or Director — Date