

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704873

Entity Name: THE DE BARY VOLUNTEER FIREMEN'S ASSOCIATION
INCORPORATED**Current Principal Place of Business:**10 COLUMBA RD
DEBARY, FL 32713**Current Mailing Address:**P.O. BOX 530853
DEBARY, FL 32753 US**FEI Number:** 59-1722263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, ALAN PRESIDENT
11 LILAC DR.
DEBARY, FL 32713 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:** ALAN CRAWFORD

04/30/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CRAWFORD, ALAN
Address 11 LILAC DR.
City-State-Zip: DEBARY FL 32713

Title VP
Name STAAB, PAUL
Address 22802 STALLION DR.
City-State-Zip: SORRENTO FL 32776

Title S
Name STAAB, YVONNE K
Address 22802 STALLION DR
City-State-Zip: SORRENTO FL 32776

Title T
Name NEYER, DONALD J
Address 207 E HIGH BANKS RD.
City-State-Zip: DEBARY FL 32713

Title D
Name HENNING, STEVE
Address 270 LUIS LN.
City-State-Zip: DEBARY FL 32713

Title D
Name SCHULZ, DONALD
Address 114 VALENCIA RD
City-State-Zip: DEBARY FL 32713

Title D.
Name MORMONDO, JOSIE
Address 49 VOLUSIA
City-State-Zip: DEBARY FL 32713

Title DIRECTOR
Name JOHNSON, CHRIS
Address 215 N. HOLLY
City-State-Zip: ORANGE CITY FL 32763

I hereby 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 all other like empowered.

SIGNATURE: DONALD J. NEYER**TREASURER**

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date