

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715412

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1378389103**

**Entity Name:** TAVERNIER VOLUNTEER FIRE DEPARTMENT AND  
AMBULANCECORP., INC.

**Current Principal Place of Business:**

151 MARINE AVENUE  
TAVERNIER, FL 33070

**Current Mailing Address:**

151 MARINE AVENUE  
POST OFFICE BOX 301  
TAVERNIER, FL 33070

**FEI Number:** 23-7155875

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BOCK, DONALD  
98600 OVERSEAS HWY  
KEY LARGO, FL 33037 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name POLLOCK, STEPHEN  
Address 140 RIVIERA DR  
City-State-Zip: TAVERNIER FL 33070

Title VD  
Name DRURY, DANIEL  
Address PO BOX 1363  
City-State-Zip: TAVERNIER FL 33070

Title TD  
Name BOCK, DONALD  
Address P.O. BOX 295  
City-State-Zip: TAVERNIER FL 33070

Title PD  
Name HYNES, JEFFREY  
Address 156 HARBOR VIEW DR.  
City-State-Zip: TAVERNIER FL 33070

Title D  
Name GILLEY, SHERROD  
Address 500 SW 10TH AVE  
City-State-Zip: HOMESTEAD FL 33030

*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 BOCK**

**TREASURER**

**01/12/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date