## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702153**

FILED Mar 27, 2006 Secretary of State

Entity Name: EDGEWATER VOLUNTEER FIRE/RESCUE ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2616 HIBISCUS DR EDGEWATER, FL 32141 **Current Mailing Address: New Mailing Address:** P.O. BOX 1027 EDGEWATER, FL 32132 FEI Number: 59-1918051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HATTON, SHERRY 621 MOORING LANE EDGEWATER, FL 32141 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARLOW, GEORGE Name: Name: 1792 PERSIMMON PL Address: Address: City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: Title: VD ( ) Delete Title: VD (X) Change ( ) Addition SWETS, GEOFF Name: MICHARD, NORMA Name: Address: 2917 SABLE PALM DR Address: 3106 NATCHEZ City-St-Zip: EDGEWATER, FL 32132 City-St-Zip: EDGEWATER, FL 32132 Title: SD () Delete Title: SD (X) Change ( ) Addition BARLOW, KIM HALCOM, RENEE Name: Name: 2936 UNITY TREE DRIVE Address: Address: 2211 TRAVELERS PALM City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32132 Title: TD ( ) Delete Title: () Change () Addition Name: HATTON, SHERRY Name: 621 MOORING LANE Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BURRY, SUE SWETS, GEOFFREY Name: Name: 2604 KUMQUAT DR 3324 LIME TREE DR Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: (X) Change ( ) Addition HAYES, CHERYL BURRY, SUE Name: Name: Address: 3206 INDIA PALM DR Address: 2604 KUMQUAT DR EDGEWATER, FL 32141 EDGEWATER, FL 32141 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SHERRY HATTON TD 03/27/2006