## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 702153**

FILED Apr 25, 2008 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: NACHMAN, NANCY J TD 2429 TAMARIND DR. US EDGEWATER, FL 32141 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 COUSINS, MARGARET Name: Name: 150 WILLIAM ST. Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: VD () Delete Title: VD (X) Change ( ) Addition JOHN, HALCOMB Name: KIM, BARLOW Name: Address: 2211 TRAVELERS PALM DR. Address: 2936 UNITY TREE DRIVE City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32141 Title: SD () Delete Title: SD (X) Change ( ) Addition HAYES, CHERYL MARTIN, NIKKI Name: Name: 3123 WOODLAND DR. 448 N. DIXIE AVE. Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: TITUSVILLE, FL 41600 Title: TD () Delete Title: () Change () Addition Name: NACHMAN, NANCY Name: 2429 TAMARIND DR. Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition WARD, DEAN VECCHIO, MARILYN Name: Name: 2413 ROYAL PALM 3101 MEMPHIS TERR. Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32132 Title: Title: (X) Change ( ) Addition ( ) Delete BURRY, SUE BARLOW, TRACEY Name: Name: Address: 2604 KUMQUAT DR Address: 2004 QUEEN PALM 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 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: NANCY J. NACHMAN TD 04/25/2008