

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703297

FILED
Apr 03, 2007
Secretary of State

Entity Name: EAST PALATKA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

158 LOIS BROER ROAD
EAST PALATKA, FL 32131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522
E. PALATKA, FL 32131

New Mailing Address:

FEI Number: 64-1600176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, DAVID
202 TILMAN ST.
EAST PALATKA, FL 32131 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: P/D () Delete
Name: MORGAN, DAVID,
Address: 202 TILMAN ST.
City-St-Zip: EAST PALATKA, FL 32131

Title: SD () Delete
Name: JIVAC, SAN
Address: 123 ORANGE AVE
City-St-Zip: EAST PALATKA, FL 32131

Title: T/D () Delete
Name: FLEETWOOD, KEITH
Address: PO BOX 1222
City-St-Zip: E PALATKA, FL 32131

Title: VP/D () Delete
Name: KNOWLES, BOOKER
Address: 360 PUTMAN CO. BLVD.
City-St-Zip: E. PALATKA, FL 32131

Title: C/D () Delete
Name: MORGAN, LARRY
Address: 308 WAYWICK ST.
City-St-Zip: E. PALATKA, FL 32131

Title: M/D () Delete
Name: MINOR, MIKE
Address: 142 FERN ST.
City-St-Zip: SAN MOTELO, FL 32188

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TILTON, LAWRENCE V JR
Address: 314 YELVINGTON RD.
City-St-Zip: EAST PALATKA, FL 32131

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 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: DAVID MORGAN

P/D

04/03/2007

Electronic Signature of Signing Officer or Director

Date