

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90011 050 \*\*\*\*61.25

<b>DOCUMENT # 703696</b>					
1. Entity Name PARKER VOLUNTEER FIRE DEPARTMENT INC					
Principal Place of Business 1003 WEST PARK STREET PARKER, FL 32404			Mailing Address 1003 WEST PARK STREET PARKER, FL 32404		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLY, ANDREW M. 5233 PARK ST PANAMA CITY, FL 32404				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>Andrew M. Kelly</i> ANDREW M. KELLY, FIRE CHIEF		26 FEB 07		DATE	
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, ANDREW M.		NAME		
STREET ADDRESS	5233 PARK ST		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
TITLE	PC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORDAN, CHRIS		NAME		
STREET ADDRESS	1003 W. PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERGANDE, SHAWN		NAME		
STREET ADDRESS	1003 W. PARK STREET		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
TITLE	1L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADDISON, MARVIN		NAME		
STREET ADDRESS	1003 W PARK ST		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
TITLE	2L	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLSON, KERRY		NAME		
STREET ADDRESS	1003 W PARK ST		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERNADET, JORDAN		NAME		
STREET ADDRESS	1003 W PARK ST		STREET ADDRESS		
CITY-ST-ZIP	PARKER, FL 32404		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Andrew M. Kelly</i> ANDREW M. KELLY		26 FEB 07		850-871-9313	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40026673



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2916879 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KELLY, ANDREW M. 5233 PARK ST PANAMA CITY, FL 32404		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

SIGNATURE: *Andrew M. Kelly* ANDREW M. KELLY, FIRE CHIEF 26 FEB 07 DATE

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SIGNATURE: *Andrew M. Kelly* ANDREW M. KELLY 26 FEB 07 850-871-9313  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #