

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703834

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** CAPE CANAVERAL VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

190 JACKSON AVENUE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

190 JACKSON AVENUE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

**FEI Number:** 59-6151067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SERGEANT, DAVID J CEO  
190 JACKSON AVE  
CAPE CANVERAL, FL 32920 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: VC/D ( ) Delete  
Name: COMSTOCK, CHRISTOPHER J  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: T/D ( ) Delete  
Name: BORCHERS, NELSON D  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: AT/D ( ) Delete  
Name: STUDDT, ALBERT W  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: S/D ( ) Delete  
Name: TEEK, BRIAN M  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: C/D ( ) Delete  
Name: WEINER, ROBERT J  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T/D (X) Change ( ) Addition  
Name: NEWELL, ALLIE E  
Address: 190 JACKSON AVE  
City-St-Zip: CAPE CANAVERAL, FL 32920

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 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 J SERGEANT

RA

04/17/2009

Electronic Signature of Signing Officer or Director

Date