


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90029 049 ****61.25

DOCUMENT # 704873 1. Entity Name THE DE BARY VOLUNTEER FIREMEN'S ASSOCIATION INCORPORATED	
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Principal Place of Business 10 COLUMBA RD DEBARY, FL 32713 US	Mailing Address P.O. BOX 530853 DEBARY, FL 32713 32753 US
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07052006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1722263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUNNE, JAMES M 203 LUGERNE DR 17 PALMETTO DR DEBARY, FL 32713	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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. (ADDRESS CHANGE ONLY)		
SIGNATURE <i>James M. Dunne</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>James M. Dunne</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<i>7/11/06</i> <small>DATE</small>

Filing Fee Is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNNE, JAMES M 203 LUGERNE DR 17 PALMETTO DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARN, DONALD E 303 DE LEON 2638 GRAND ISLE DR #18112 DEBARY, FL 32713 ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OGDEN, STEPHEN 1261 FLAMINGO CIR DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, DONALD J 207 E HIGH BANKS RD. DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, DENICE 11 LILAC DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULTZ, DONALD SCHULTZ, DONALD 114 VALENCIA RD DEBARY, FL 32713

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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>Stephen Ogden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>STEPHEN OGDEN</i>	<i>7/11/06</i> <i>(386) 717-2550</i> <small>Date Daytime Phone #</small>