2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704873

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

DEBARY, FL 32713

CRAWFORD, DENICE

DEBARY, FL 32713

SCHULZ, DONALD

114 VALENCIA RD

DEBARY, FL 32713

11 LILAC DR

() Delete

() Delete

FILED Apr 24, 2008 Secretary of State

Entity Name: THE DE BARY VOLUNTEER FIREMEN'S ASSOCIATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 10 COLUMBA RD DEBARY, FL 32713 US **Current Mailing Address: New Mailing Address:** P.O. BOX 530853 DEBARY, FL 32753 US FEI Number: 59-1722263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUNNE, JAMES M MULKEY, BRYANT 200 N. CÓRTEZ AVE. 17 PALMETTO DR WINTER SPRINGS, FL 32708 DEBARY, FL 32713 US US 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: BRYANT MULKEY 04/24/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition DUNNE, JAMES M MULKEY, BRYANT Name: Name: 17 PALMETTO DR Address: 200 N. CORTEZ AVE. Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: WINTER SPRINGS, FL 32708 Title: () Delete Title: (X) Change () Addition LOMONACO, BILLIE Name: KOVACS, MARC Name: Address: 10 COLOMBO RD Address: 230 VALENCIA RD. City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: () Change () Addition STAAB, YVONNE K Name: Name: 22802 STALLION DR Address: Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEYER, DONALD J Name: 207 E HIGH BANKS RD. Address: Address:

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.

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: BRYANT MULKEY P 04/24/2008

() Change () Addition

() Change () Addition