

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707225

**FILED**  
**Jan 21, 2004**  
**Secretary of State****Entity Name:** BIG COPPITT VOLUNTEER FIRE DEPARTMENT, INC.**Current Principal Place of Business:**28 EMERALD DR  
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P O BOX 2292  
BOX 2292  
KEY WEST, FL 33040 US**New Mailing Address:****FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PHELPS, ARLEEN  
14 CACTUS DRIVE  
KEY WEST, FL 33040 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:** D ( ) Delete  
**Name:** CASSEL, DANIEL S II  
**Address:** 1427 BOCA CHICA ROAD  
**City-St-Zip:** KEY WEST, FL 33040**Title:** D ( ) Delete  
**Name:** FITHIAN, DON  
**Address:** 8651 LOGGERHEAD LANE  
**City-St-Zip:** SUGARLOAF KEY, FL 33042**Title:** D ( ) Delete  
**Name:** DEVLIN, MICHAEL  
**Address:** 53 BARCALONA DRIVE  
**City-St-Zip:** KEY WEST, FL 33040**Title:** T ( ) Delete  
**Name:** CASEEL, TONI  
**Address:** 1427 BOCA CHICA RD  
**City-St-Zip:** KEY WEST, FL 33040**Title:** VP ( ) Delete  
**Name:** HITSON, MARTIN  
**Address:** 1535 BATFISH COURT, APT C  
**City-St-Zip:** KEY WEST, FL 33040**Title:** P ( ) Delete  
**Name:** PHELPS, ARLEEN  
**Address:** 14 CACTUS DRIVE  
**City-St-Zip:** KEY WEST, FL 33040**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change ( ) Addition  
**Name:** CANE, CHRIS  
**Address:** 350 AVENUE B  
**City-St-Zip:** KEY WEST, FL 33040**Title:** D (X) Change ( ) Addition  
**Name:** ARDEN, CHRIS  
**Address:** 4-B CACTUS DDRIVE  
**City-St-Zip:** KEY WEST, FL 33040**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T (X) Change ( ) Addition  
**Name:** CASSEL, TONI  
**Address:** 1427 BOCA CHICA RD  
**City-St-Zip:** KEY WEST, FL 33040**Title:** VP (X) Change ( ) Addition  
**Name:** CASSEL, DANIEL S II  
**Address:** 24 ED SWIFT ROAD  
**City-St-Zip:** KEY WEST, FL 33040**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 Section 119.07(3)(i), 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: ARLEEN PHELPS

P

01/21/2004

Electronic Signature of Signing Officer or Director

Date