2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# 707225

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: CANE, CHRIS
Address: 350 AVENUE B
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: ARDEN, CHRIS
Address: 4-B CACTUS DDRIVE
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete
Name: DEVLIN, MICHAEL
Address: 53 BARCALONA DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete
Name: CASSEL, TONI
Address: 1427 BOCA CHICA RD
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete
Name: CASSEL, DANIEL S II
Address: 24 ED SWIFT ROAD
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: BECKER, ANITA
Address: 6500 MALONEY AVE LOT 83
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition
Name: BOGOEFF, JASON
Address: 2522 STAPLES AVE
City-St-Zip: KEY WEST, FL 33040

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

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 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: TONI LYN CASSEL T 05/10/2005

Electronic Signature of Signing Officer or Director — Date