

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90185 030 \*\*\*\*\*70.00

**DOCUMENT # 707225**

1. Entity Name

**BIG COPPITT VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business

28 EMERALD DR  
KEY WEST FL 33040  
US

Mailing Address

P O BOX 2292  
BOX 2292  
KEY WEST FL 33040  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASSEL II, DANIEL S  
24 ED SWIFT ROAD  
KEY WEST FL 33040

Name

**Brent Thompson**

Street Address (P.O. Box Number is Not Acceptable)

**2 12th Ave,**

City

**Key West**

**FL**

Zip Code  
**33040**

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.

SIGNATURE **Brent Thompson**

Signature, typed or printed name of registered agent and title if applicable.

*B Thompson*

(NOTE: Registered Agent signature required when re-registering)

**3/25/07**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME BECKER, ANITA  
STREET ADDRESS 6500 MALONEY AVE LOT 83  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Change ☒ Addition  
NAME Reynaldo Ramirez  
STREET ADDRESS 1901 South Roosevelt Blvd  
CITY-ST-ZIP Key West, FL 33040

TITLE VP ☒ Delete  
NAME BOGOEFF, JASON  
STREET ADDRESS 2522 STAPLES AVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE VP ☐ Change ☒ Addition  
NAME Paul Altamuro  
STREET ADDRESS 3930 S. Roosevelt Blvd  
CITY-ST-ZIP Key West, FL 33040

TITLE D ☐ Delete  
NAME DEVLIN, MICHAEL  
STREET ADDRESS 53 BARCALONA DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CASSEL, TONI  
STREET ADDRESS 1427 BOCA CHICA RD  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME CASSEL II, DANIEL S  
STREET ADDRESS 24 ED SWIFT ROAD  
CITY-ST-ZIP KEY WEST FL 33040

TITLE P ☐ Change ☒ Addition  
NAME Brent Thompson  
STREET ADDRESS 2 12th Avenue  
CITY-ST-ZIP Key West, FL 33040

TITLE D ☒ Delete  
NAME SNELL, JOHN  
STREET ADDRESS 1006 16TH TERRACE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Change ☒ Addition  
NAME Isaac Bixler  
STREET ADDRESS 3600 Northside Ct.  
CITY-ST-ZIP Key West, FL 33040

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *B Thompson* Brent Thompson

3/25/07

305-240-1198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #