


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 709549
 1. Entity Name
STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
18 ROBERTA STREET, SI **18 ROBERTA STREET, SI**
KEY WEST, FL 33040 **KEY WEST, FL 33040**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2239339 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FOLSOM, WALLACE L.
26A 12TH AVE., S.I.
KEY WEST, FL 33040

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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LAMBERSON, ALLAN T
STREET ADDRESS	C12 9TH AVE S I
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D
NAME	JARRELLS, KENNETH J
STREET ADDRESS	14 LUNA LN B C
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	STD
NAME	GALLOWAY, MARIE L
STREET ADDRESS	18 ROBERTA STREET SI
CITY-ST-ZIP	KEY WEST, FL
TITLE	D
NAME	GALLOWAY, PAUL L.
STREET ADDRESS	18 ROBERTA ST., SI.
CITY-ST-ZIP	KEY WEST, FLORIDA 00000,
TITLE	PD
NAME	FOLSOM, WALLACE L.
STREET ADDRESS	26A-12TH AVENUE, SI
CITY-ST-ZIP	KEY WEST, FL 00000,
TITLE	D
NAME	MARA, FRANK E
STREET ADDRESS	101 ROYS TRL PRK SI
CITY-ST-ZIP	KEY WEST, FL 00000,

DO NOT WRITE IN THIS SPACE

110000183979
 01/20/05-80012-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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: Marie L Galloway Date: 01/11/05 Daytime Phone #: 305-296-3477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR