

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT #709549

1. Entity Name
STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.



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

Mailing Address
**18 ROBERTA STREET, SI
 KEY WEST, FL 33040**



02012006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2239339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FOLSOM, WALLACE L
 28A 12TH AVE., S.I.
 KEY WEST, FL 33040**

**DO NOT WRITE
 IN THIS SPACE**

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERSON, ALLAN T C 12 9TH AVE S I KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARRELLS, KENNETH J 14 LUNA LN B C KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GALLOWAY, MARIE L 18 ROBERTA STREET SI KEY WEST, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLOWAY, PAUL L 18 ROBERTA ST., SI. KEY WEST, FLORIDA 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOLSOM, WALLACE L 28A-12TH AVENUE, SI KEY WEST, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARA, FRANK E 101 ROYS TRL PRK SI KEY WEST, FL 00000.

1000000427738
 02/21/06-80020-012 61.25

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Marie Galloway Marie Galloway Feb 06, 2006 305-296-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #