


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # 709549 1. Entity Name STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.	
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Principal Place of Business 18 ROBERTA STREET, SI KEY WEST, FL 33040	Mailing Address 18 ROBERTA STREET, SI KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2239339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOLSOM, WALLACE L. 26A 12TH AVE., S.I. KEY WEST, FL 33040
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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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBERSON, ALLAN T C12 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. 26A-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,

U00000649388
03/07/07-80047-009 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 L Galloway Marie L Galloway 2/21/07 305-296-3477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #