

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# 709549

Entity Name: STOCK ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

18 ROBERTA STREET, SI
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

18 ROBERTA STREET, SI
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 59-2239339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLSOM, WALLACE L.
26A 12TH AVE., S.I.
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: VD () Delete
Name: LAMBERSON, ALLAN T
Address: C12 9TH AVE S I
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: JARRELLS, KENNETH J
Address: 14 LUNA LN B C
City-St-Zip: KEY WEST, FL 33040

Title: STD () Delete
Name: GALLOWAY, MARIE L,
Address: 18 ROBERTA STREET SI
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: GALLOWAY, PAUL L.,
Address: 18 ROBERTA ST., SI.
City-St-Zip: KEY WEST, FLORIDA 00000,

Title: PD () Delete
Name: FOLSOM, WALLACE L.,
Address: 26A-12TH AVENUE, SI
City-St-Zip: KEY WEST, FL 00000,

Title: D () Delete
Name: MARA, FRANK E,
Address: 101 ROYS TRL PRK SI
City-St-Zip: KEY WEST, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 exemption stated 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 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: MARIE GALLOWAY

STD

01/11/2009

Electronic Signature of Signing Officer or Director

Date