## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 24, 2004 8:00 am Secretary of State

DOCUMENT # 711131  1. Entity Name 4 COMMUNITIES FIRE DEPARTMENT					06-24-2004 90079	9 041 ****70.00	
4870 NORTH HIGHWAY US 1 P.O.		Mailing Address P.O. BOX 227 SHARPES, FL 32959	JS			5405866	
. Outsing 5	lace of Business	3. Mailing Address	<del></del>				
2. Fillicipal F	lace of Bushless	S. Mailing Address				foll Bibli Eibli Biblibi Df 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06102004 Cr	ng-NP CR2E	037 (10/03)	
City & Stat	е	City & State		4. FEI Number 59-180250	6	Applied For Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	egistered Agent		7. Name and Add	ress of New Registered	l Agent	
NORMAN, JOHN							
FOUR CO	MMUNITIES FIRE DEPARTMEN TH HIGHWAY US 1	IT, INC.	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	3, FL 32959	•					
			City	FL Zip Code			
	named entity submits this statement for the lions of registered agent.	he purpose of changing its reg	gistered office or reg	gistered agent, or both, in	the State of Florida. I ar	n familiar with, and accep	
SIGNATORE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)	TALE TO SELECT THE CONTRACT OF		
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution.			ck payable to artment of State	
10.	OFFICERS AND DIRE	CTORS.	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN 10	
NAME STREET ADDRESS	NORMAN, JOHN 1830 APRICOT DRIVE	☐ Delete	NAME STREET ADDRESS			Change Additio	
CITY-ST-ZIP	TITUSVILLE, FL 32780	Delete	TITLE V P			Change Addition	
TITLE NAME	GILLIS, ANDY	₽ Delete		haistopher 150 Ronald,	NIChols	Change Additio	
STREET ADDRESS	817 PINE SHADOWS AVENUE		STREET ADDRESS 3	SO KONTU,	DOM: N		
CITY-ST-ZIP TITLE	ROCKLEDGE, FL 32955	Delete		OCOA, FL.		Change Additio	
NAME	15				^- × · ·		
	JAMISON, GEORGE	UM Delete	TITLE D NAME	MICHAEL B	eady Nuiea Re		
STREET ADDRESS	711 ALCAZAR AVE	L■ Delete	NAME STREET ADDRESS	6630 AREG	DULPAL RO		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John A. NORMAN 6-15-04 321-636-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daystone Prome #