2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2004 8:00 am
Secretary of State
06-24-2004 90079 041 ****70.00

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DOCUMENT # 711131

1. Entity Name
4 COMMUNITIES FIRE DEPARTMENT

Principal Place of Business	Mailing Address
4870 NORTH HIGHWAY US 1 SHARPES, FL 32959 US	P.O. BOX 227 SHARPES, FL 32959 US

06102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1802506 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORMAN, JOHN FOUR COMMUNITIES FIRE DEPARTMENT, INC. 4870 NORTH HIGHWAY US 1 SHARPES, FL 32959	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NORMAN, JOHN 1830 APRICOT DRIVE TITUSVILLE, FL 32780	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILLIS, ANDY 817 PINE SHADOWS AVENUE ROCKLEDGE, FL 32955	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHRISTOPHER NICHOLS 350 RONALD STREET COCOA, FL, 32927	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMISON, GEORGE 711 ALCAZAR AVE COCOA, FL 32927	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL BRADY 6630 AREQUIPA ROAD COCOA, FL, 32927	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLAUDIUS, BRIAN 2310 BAL HAROUR TERRACE TITUSVILLE, FL 32780	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDY GILLIS 817 PINE SHADOWS AVENUE ROCKLEDGE, FL. 32955	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SPRINGER, BRIAN 325 BOOTH STREET COCOA, FL 32927	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DENISE REID 4635 NORTH FRIDAY CIRCLE COCOA, FL, 32926	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWE, LARRY 321 SPRING STREET COCOA, FL 32927	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 JOHN A. NORMAN 6-15-04 321-636-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #