

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711131

FILED
Jul 13, 2006
Secretary of State

Entity Name: 4 COMMUNITIES FIRE DEPARTMENT

Current Principal Place of Business:

4870 NORTH HIGHWAY US 1
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 227
SHARPES, FL 32959 US

New Mailing Address:

FEI Number: 59-1802506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NORMAN, JOHN
FOUR COMMUNITIES FIRE DEPARTMENT, INC.
4870 NORTH HIGHWAY US 1
COCOA, FL 32927 US

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: P () Delete
Name: NORMAN, JOHN
Address: 1830 APRICOT DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: GILLIS, ANDREW
Address: 817 PINE SHADOWS AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: WARD, JOHN
Address: 4465 KEATS AVE
City-St-Zip: TITUSVILLE, FL 32780

Title: VP () Delete
Name: WILLIAMS, ERIC
Address: 5040 JEAN ST
City-St-Zip: COCOA, FL 32927

Title: S (X) Delete
Name: REID, DENISE
Address: 4635 NORTH FRIDAY CIRCLE
City-St-Zip: COCOA, FL 32926

Title: D (X) Delete
Name: HOWE, LARRY
Address: 321 SPRING STREET
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DC (X) Change () Addition
Name: GILLIS, ANDREW
Address: 817 PINE SHADOWS AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

Title: T (X) Change () Addition
Name: DORGAN, JOHN
Address: 1644 RUTH ST
City-St-Zip: COCOA, FL 32926

Title: S (X) Change () Addition
Name: DEES, ELIZABETH
Address: 4505 KINGS HWY
City-St-Zip: COCOA, FL 32927

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 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: ANDREW GILLIS

DC

07/13/2006

Electronic Signature of Signing Officer or Director

Date