# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 26, 2007**
**Secretary of State**

DOCUMENT# 711131

**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:**

NORMAN, JOHN
FOUR COMMUNITIES FIRE DEPARTMENT, INC.
4870 NORTH HIGHWAY US 1
COCOA, FL 32927 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: P ( ) Delete
Name: NORMAN, JOHN
Address: 1830 APRICOT DRIVE
City-St-Zip: TITUSVILLE, FL 32780

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

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

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

**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:

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: JARED BERKOWITZ T 06/26/2007

Electronic Signature of Signing Officer or Director — Date