

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711131

**FILED**  
**Jan 12, 2011**  
**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 ( )**

**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  
**Name:** NORMAN, JOHN  
**Address:** 1830 APRICOT DRIVE  
**City-St-Zip:** TITUSVILLE, FL 32780

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

**Title:** C  
**Name:** CLAUDIUS, BRIAN  
**Address:** 4870 N US 1  
**City-St-Zip:** COCOA, FL 32927

I hereby 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 all other like empowered.

**SIGNATURE:** ANDREW GILLIS

DC

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date