

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# 714083

Entity Name: DOVER-TURKEY CREEK VOLUNTEER FIRE DEPARTMENT

**Current Principal Place of Business:**

3138 SYDNEY DOVER RD.  
PO BOX 397  
DOVER, FL 33527

**New Principal Place of Business:**

**Current Mailing Address:**

3138 SYDNEY DOVER RD.  
PO BOX 397  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 59-1389794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARBARA J. CURTS  
14510 WALDEN SHEFFIELD RD.  
DOVER, FL 33527

**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: D      ( ) Delete  
Name: SMITH, KEVIN J  
Address: 3701 S TURKEY CREEK RD  
City-St-Zip: PLANT CITY, FL 33567

Title: D      ( ) Delete  
Name: FLOYD, CHARLES L JR  
Address: 1111 VERSANT PLACE  
City-St-Zip: BRANDON, FL 33511

Title: S      ( ) Delete  
Name: WATSON, RICHARD D  
Address: 5620 TURKEY TREE LANE  
City-St-Zip: PLANT CITY, FL 33567

Title: VP      ( ) Delete  
Name: VAUGHN, BRETT  
Address: 5601 BUDD FARMS LANE  
City-St-Zip: PLANT CITY, FL 33567

Title: P      ( ) Delete  
Name: SARANKO, JAMIE  
Address: 5016 TURKEY CREEK RD  
City-St-Zip: PLANT CITY, FL 33567

Title: T      ( ) Delete  
Name: CARTE, BARBARA  
Address: 14510 WALDEN SHEFFIELD  
City-St-Zip: DOVER, FL

**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:

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 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 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: BARBARA CARTE

T

04/30/2004

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

\_\_\_\_\_  
Date