

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714083

FILED
Mar 19, 2009
Secretary of State

Entity Name: DOVER-TURKEY CREEK VOLUNTEER FIRE DEPARTMENT

Current Principal Place of Business:

3138 SYDNEY DOVER RD.
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

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 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: D () Delete
Name: MULVANEY, WILLIAM
Address: 4627 COOPER LN
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: TISDALE, VAN
Address: 3138 SYDNEY DOVER RD
City-St-Zip: DOVER, FL 33527

Title: S () Delete
Name: CURTS, BARBARA J
Address: 3138 SYDNEY DOVER RD
City-St-Zip: DOVER, FL 33527

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:

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City-St-Zip:

Title: () Change () Addition
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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: BARBARA CARTE

T

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date