

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714083

FILED  
Mar 03, 2012  
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:**

CURTS, BARBARA J  
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  
Name: MULVANEY, WILLIAM  
Address: 4627 COOPER LN  
City-St-Zip: PLANT CITY, FL 33566

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

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

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

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

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

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: BARBARA J. CURTS

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03/03/2012

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

\_\_\_\_\_  
Date