

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715828

FILED
Apr 23, 2009
Secretary of State

Entity Name: NOKOMIS VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

111 PAVONIA RD
NOKOMIS, FL 34274 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 416
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number: 59-6140223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINER, NEVIN A ESQ.
100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34237 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: CD () Delete
Name: MARKUSON, ROBERT A
Address: PO BOX 371
City-St-Zip: NOKOMIS, FL 34275

Title: CD () Delete
Name: HIGEL, MICHAEL
Address: 408 SORRENTO DR
City-St-Zip: OSPREY, FL 34229

Title: CD () Delete
Name: JOHNSON, KEITH
Address: 1325 SORRENTO WOODS BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: CD () Delete
Name: O'CONNER, MARK S
Address: 1415 DOLPHIN STREET
City-St-Zip: NOKOMIS, FL 34275

Title: CD () Delete
Name: VEDRAL, JOHN
Address: 2141 MISSION VALLEY BLVD.
City-St-Zip: NOKOMIS, FL 34275

Title: CD () Delete
Name: DALTON, MAURICE B
Address: 126 SUNAIRE TR
City-St-Zip: NOKOMIS, FL 34275

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
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Address:
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: ROBERT MARKUSON

CD

04/23/2009

Electronic Signature of Signing Officer or Director

Date