


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

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 718866 1. Entity Name THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.	
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Principal Place of Business 700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN, FL 33854-5575	Mailing Address 700 FEDHAVEN DR. P.O. BOX 8575 FEDHAVEN, FL 33854-5575
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07052004 No Chg-NP CP2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ST. GERMAIN, ROGER 2320 THOREAU DR LAKE WALES, FL 33853

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBIASE, RICHARD J 2501 ALCOTT DRIVE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAMATO, STEVEN P.O. BOX 8215 FEDHAVEN, FL 33854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ST GERMAIN, ROGER L 2320 THOREAU DR LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, WALTER P.O. BOX 8525 FEDHAVEN, FL 33854
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ST. GERMAIN, SUSAN H 2320 THOREAU DR. LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/12/04-80007-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger L. St. Germain* **ROGER L. ST. GERMAIN** 07 Jun 04 863-696-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #