


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 721420</b>		
1. Entity Name TRI-COUNTY VOLUNTEER FIRE DEPT., INC.		
Principal Place of Business FORBES ST. P. O. BOX 164 NOBLETON, FL 34661	Mailing Address FORBES ST. P. O. BOX 164 NOBLETON, FL 34661	



01222005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1692277	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent CARLSON, FREDRICK S 9116 CR 84705 BUSHNELL, FL 33513	<b>DO NOT WRITE IN THIS SPACE</b>
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9. 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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

U000000219989  
02/08/05-80048-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, ORVILLE 12934 FORBES ST NOBLETON, FL 34661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELASCHMIT, ELAINE 8531 CR-638 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, MARILYN 8480 CR-8478 BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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)(i), 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 817, 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:** Orville L Sharp ORVILLE L SHARP 3527994992  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #