2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 721420

1. Entity Name

TRI-COUNTY VOLUNTEER FIRE DEPT., INC.

Principal Place of Business	Mailing Address
FORBES ST. P. O. BOX 164 NOBLETON FL 34661	FORBES ST. P. O. BOX 164 NOBLETON FL 34661

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-1692277 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLSON, FREDRICK S 9116 CR 64705 BUSHNELL FL 33513	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 accep the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SHARP, ORVILLE	NAME	
STREET ADDRESS	12934 FORBES ST	STREET ADDRESS	100000434722
CITY-ST-ZIP	NOBLETON FL 34661	CITY-ST-ZIP	02/25/06-80012-020 61.25
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DELASCHMIT, ELAINE	NAME	
STREET ADDRESS	8531 CR-638	STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARNES, MARILYN	NAME	
STREET ADDRESS	8480 CR-647S	STREET ADDRESS	
CITY-ST-ZIP	BUSHNELL FL 33513	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Orville L. Sharp