

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721493

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** CORK-KNIGHTS VOLUNTEER FIRE DEPARTMENT, INC

**Current Principal Place of Business:**

5302 W. THONOTOSASSA  
PLANT CITY, FL 33565

**New Principal Place of Business:**

**Current Mailing Address:**

5302 W. THONOTOSASSA  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 59-1720887      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLOYD, CHARLES L  
1912 W. HUNTER RD  
PLANT CITY, FL 33565      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: P      ( ) Delete  
Name: FLOYD, CHARLES L  
Address: 1912 W HUNTER RD  
City-St-Zip: PLANT CITY, FL 33565

Title: V      ( ) Delete  
Name: WOOD, SANDRA  
Address: 316 CHAPMAN RD.  
City-St-Zip: PLANT CITY, FL 33565

Title: BM      ( ) Delete  
Name: COLLINS, DORCAS  
Address: 4635 W KNIGHTS GRIFFIN RD  
City-St-Zip: PLANT CITY, FL 33565

Title: T      ( ) Delete  
Name: DRISKELL, DEBORAH L  
Address: 2334 S. FAIRWAY DR.  
City-St-Zip: PLANT CITY, FL 33565

Title: S      ( ) Delete  
Name: HUNTLEY, CHRIS  
Address: 5014 SUGAR OAK LN.  
City-St-Zip: DOVER, FL 33527

Title: D      ( ) Delete  
Name: HUNTLEY, TONY  
Address: 5014 SUGAR OAK LN  
City-St-Zip: DOVER, FL 33527

**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: T      (X) Change ( ) Addition  
Name: MILLER, PAMELA E  
Address: 4817 LYNN OAKS CIR.  
City-St-Zip: DOVER, FL 33527

Title:      ( ) Change ( ) Addition  
Name:  
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: CHARLES L FLOYD

P

05/01/2008

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

\_\_\_\_\_  
Date