

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721493

FILED
Apr 29, 2009
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 ()

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: MILLER, PAMELA E
Address: 4817 LYNN OAKS CIR.
City-St-Zip: DOVER, FL 33527

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: WOOD, TILENA
Address: 3125 CLEMONS RD
City-St-Zip: PLANT CITY, FL 33563

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: CHRIS HUNTLEY

S

04/29/2009

Electronic Signature of Signing Officer or Director

Date