

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722197

FILED
Jan 07, 2006
Secretary of State

Entity Name: THE VOLUNTEER FIRE DEPARTMENT OF POMONA PARK AND LAKE COMO, FLORIDA, INC.

Current Principal Place of Business:

109 WORCHESTER RD
POMONA PARK, FL 32181

New Principal Place of Business:

Current Mailing Address:

PO BOX 1
POMONA PARK, FL 32181 US

New Mailing Address:

FEI Number: 59-2261493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLATEAU, D'NEL R
PO BOX 193
LAKE COMO, FL 32157 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: DS () Delete
Name: ASHER, KATHY
Address: PO BOX 793
City-St-Zip: POMONA PARK, FL 32181

Title: DP () Delete
Name: FLATEAU, PAUL
Address: 505 N LAKE ST
City-St-Zip: CRESCENT CITY, FL 32112

Title: DV () Delete
Name: POTTER, HAROLD
Address: 449 HUNTINGTON SHORTCUT ROAD
City-St-Zip: LAKE COMO, FL 32157

Title: D () Delete
Name: POTTER, CORINE
Address: 449 HUNTINGTON SHORTCUT RD
City-St-Zip: LAKE COMO, FL 32157

Title: D () Delete
Name: FLATEAU, DALE A
Address: 124 JAYME LN
City-St-Zip: LAKE COMO, FL 32157

Title: DT () Delete
Name: FLATEAU, D'NEL R
Address: 124 JAYME LANE
City-St-Zip: LAKE COMO, FL 32157

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: () Change () Addition
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Address:
City-St-Zip:

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 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: D'NEL R FLATEAU

DT

01/07/2006

Electronic Signature of Signing Officer or Director

Date