2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# 724226

Entity Name: LONGBOAT KEY VOLUNTEER FIRE DEPARTMENT, INC

Current Principal Place of Business:

5490 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

Current Mailing Address:

5490 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 US

New Mailing Address:

FEI Number: 59-1919020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, LEWIS B
5490 GULF OF MEXICO DR
LONGBOAT KEY, FL 34228 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:	V	( ) Delete
Name:	ALVAREZ, JORGE	
Address:	4460 87TH STREET COURT WEST	
City-St-Zip:	BRADENTON, FL 34210	
Title:	D	( ) Delete
Name:	TYRRELL, MICHAEL T	
Address:	2309 CANASTA DRIVE	
City-St-Zip:	BRADENTON BEACH, FL 34217	
Title:	D	( ) Delete
Name:	ALTMAN, MATTHEW	
Address:	6210 ROSEFINCH COURT - #102	
City-St-Zip:	BRADENTON, FL 34202	
Title:	D	( ) Delete
Name:	ANNETT, MARGARET	
Address:	597 BAYVIEW DR.	
City-St-Zip:	LONGBOAT KEY, FL	
Title:	D	( ) Delete
Name:	GOODRICH, JOHN Q JR	
Address:	597 BAYVIEW DR.	
City-St-Zip:	LONGBOAT KEY, FL	
Title:	P	( ) Delete
Name:	SIMON, LEWIS	
Address:	1680 ST JAMES CIRCLE	
City-St-Zip:	THE VILLAGES, FL 32162	

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
Name:	
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 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: LEWIS B. SIMON PRES 01/08/2009

Electronic Signature of Signing Officer or Director — Date