


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727648</b> 1. Entity Name <b>GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNTY, INC.</b>	
--	---

Principal Place of Business <b>CONWAY, CHARLES 7175 ORCHID TREE DR GRANT, FL 32949 US</b>	Mailing Address <b>CONWAY, CHARLES 7175 ORCHID TREE DR GRANT, FL 32949 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04012004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>23-7350041</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CONWAY, CHARLES 7175 ORCHID TREE DR GRANT, FL 32949</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

000000104100  
04/05/2004-80084-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGLIARULO, MARK 3755 PONDEROSA RD VALKARIA, FL 32950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, CHARLES 7175 ORCHID TREE DR GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ZAMONIS, DUANE 6060 PINESAP AVE GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIELDS, JEANIE 4015 BERRY RD GRANT, FL 32949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Charles Conway Charles Conway 4-1-04 727-6084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #