
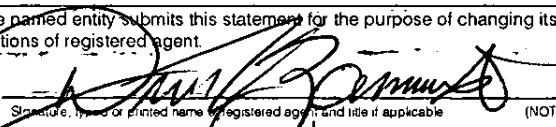
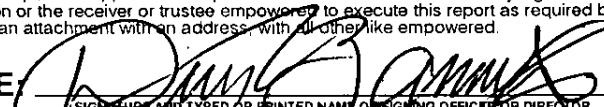


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90023 020 ****70.00

DOCUMENT # 727648 1. Entity Name GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNTY, INC.			
Principal Place of Business CONWAY, CHARLES 7175 ORCHID TREE DR GRANT FL 32949 US		Mailing Address CONWAY, CHARLES 7175 ORCHID TREE DR GRANT FL 32949 US	
2. Principal Place of Business 5455 Old Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address P.O. Box 88 Suite, Apt. #, etc.	
City, State GRANT FL		City, State GRANT FL	
Zip 32949		Zip 32949	
Country USA		Country USA	
4. FEI Number 23-7350041		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONWAY, CHARLES 7175 ORCHID TREE DR GRANT FL 32949		7. Name and Address of New Registered Agent Name DUANE ZAMONIS Street Address (P.O. Box Number is Not Acceptable) 6060 PINESAP AVE City GRANT FL Zip Code 32949	
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  DATE 3-21-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD PAGLIARULO, MARK 3755 PONDEROSA RD VALKARIA FL 32950	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD CONWAY, CHARLES 7175 ORCHID TREE DR GRANT FL 32949	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DC ZAMONIS, DUANE 6060 PINESAP AVE GRANT FL 32949	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD FIELDS, JEANIE 4015 BERRY RD GRANT FL 32949	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Glen BECKETT 5502 LOBLOLLY PI GRANT FL 32949	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  DATE 3-21-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			