# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2006**
**Secretary of State**

DOCUMENT# 727648

**Entity Name:** GRANT VOLUNTEER FIRE DEPARTMENT OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

5455 OLD DIXIE HWY
GRANT, FL 32949 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 88
GRANT, FL 32949 US

**New Mailing Address:**

**FEI Number: 23-7350041** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZAMONIS, DUANE
6060 PINESAP AVE
GRANT, FL 32949 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: PD ( ) Delete
Name: PAGLIARULO, MARK
Address: 3755 PONDEROSA RD
City-St-Zip: VALKARIA, FL 32950

Title: DC ( ) Delete
Name: ZAMONIS, DUANE
Address: 6060 PINESAP AVE
City-St-Zip: GRANT, FL 32949

Title: SD ( ) Delete
Name: FIELDS, JEANIE
Address: 4015 BERRY RD
City-St-Zip: GRANT, FL 32949

Title: D ( ) Delete
Name: BECKETT, GLENN
Address: 5562 LOBLOLLY PL
City-St-Zip: GRANT, FL 32949

**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:

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: DUANE R. ZAMONIS RA 04/26/2006

Electronic Signature of Signing Officer or Director — Date