

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90014 019 \*\*\*\*70.00

**DOCUMENT # 730989**

1. Entity Name

PORT SALERNO VOLUNTEER FIRE DEPARTMENT, INC



Principal Place of Business

4725 SE HWY A1A  
PORT SALERNO FL 34977

Mailing Address

P.O. BOX 297  
PORT SALERNO FL 34977

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-1670104

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

BUCHANAN, CHRIS  
8455 SE CHURCH STREET  
APT 7  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

~~BUCHANAN, CHRIS~~

Street Address (P.O. Box Number is Not Acceptable)

8153 SE Woodland Rd.

Hobe Sound

City

Hobe Sound

FL

Zip Code

33455

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

*Chris Buchanan*

3-23-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TS ☐ Delete  
NAME FRANKLIN, DAPHANIE  
STREET ADDRESS 8073 SE WOODLAND RD  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☒ Delete  
NAME ROTH, ARTHUR J  
STREET ADDRESS 3301 SW VILLA PLACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE P ☐ Delete  
NAME BUCHANAN, CHRIS  
STREET ADDRESS 8455 SE CHURCH STREET, APT 7  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☒ Delete  
NAME HIGGINS, CHRISTINA  
STREET ADDRESS 4373 SE BAYSHORE TERRACE  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME CLIFTON, Sharon P.  
STREET ADDRESS 6006 SE Circle ST  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE P ☒ Change ☐ Addition  
NAME ~~CLIFTON, Sharon P.~~  
STREET ADDRESS CHRIS BUCHANAN  
CITY-ST-ZIP 8153 SE Woodland Rd  
HOBE SOUND FL 33455

TITLE D ☐ Change ☒ Addition  
NAME CLIFTON, William C. JR  
STREET ADDRESS 6006 SE Circle ST.  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Chris Buchanan*

3.23.04

772-201-1987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #