

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 017 ****75.00

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

40005639



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-1670104 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

BUCHANAN, CHRIS
8153 SOUTHEAST WOODLAND ROAD
HOBE SOUND, FL 33455

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | TS |
| NAME | FRANKLIN, DAPHANIE |
| STREET ADDRESS | 8073 SE WOODLAND RD |
| CITY - ST - ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | CLIFTON, SHARON D |
| STREET ADDRESS | 6006 SE CIRCLE ST. |
| CITY - ST - ZIP | HOBE SOUND, FL 33455 |
| TITLE | P |
| NAME | BUCHANAN, CHRIS |
| STREET ADDRESS | 8153 SE WOODLAND RD. |
| CITY - ST - ZIP | HOBE SOUND, FL 33455 |
| TITLE | D |
| NAME | CLIFTON, WILLIAM C JR. |
| STREET ADDRESS | 6006 SE CIRCLE ST. |
| CITY - ST - ZIP | HOBE SOUND, FL 33455 |
| 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 exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-06 772-201-1987