

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 01, 2006**  
**Secretary of State**

DOCUMENT# 730989

**Entity Name:** PORT SALERNO VOLUNTEER FIRE DEPARTMENT, INC**Current Principal Place of Business:**4725 SE HWY A1A  
PORT SALERNO, FL 34977**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 297  
PORT SALERNO, FL 34977**New Mailing Address:****FEI Number:** 59-1670104**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BUCHANAN, CHRIS  
8153 SOUTHEAST WOODLAND ROAD  
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**BRADY, JAMES S  
4248 SE COVE LAKE CIRCLE  
204  
STUART, FL 34997 US

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: JAMES S. BRADY

07/01/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TS ( ) Delete  
Name: FRANKLIN, DAPHANIE  
Address: 8073 SE WOODLAND RD  
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete  
Name: CLIFTON, SHARON D  
Address: 6006 SE CIRCLE ST.  
City-St-Zip: HOBE SOUND, FL 33455

Title: P (X) Delete  
Name: BUCHANAN, CHRIS  
Address: 8153 SE WOODLAND RD.  
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete  
Name: CLIFTON, WILLIAM C JR.  
Address: 6006 SE CIRCLE ST.  
City-St-Zip: HOBE SOUND, FL 33455

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRADY, JAMES S  
Address: 4248 SE COVE LAKE CIRCLE, #204  
City-St-Zip: STUART, FL 34997

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: JAMES S. BRADY

P

07/01/2006

Electronic Signature of Signing Officer or Director

Date