


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

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90130 045 ****61.25

DOCUMENT # 731219	
1. Entity Name ST. GEORGE ISLAND VOLUNTEER FIRE DEPARTMENT, INC.	

Principal Place of Business 324 EAST PINE AVE ST. GEORGE ISLAND FL 32328 US	Mailing Address P.O. BOX 682 ST. GEORGE ISLAND FL 32328
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent BONO, FRED 700 BUCK ST. ST. GEORGE ISLAND FL 32328	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	S JAYNE BAMBURG 432 W. BAYSHORE DR. ST. GEORGE ISLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	rick thornburg <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 49 W. PINE AVE ST. GEORGE ISLAND, FL. 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRYE, BRUCE 564 WEST PINE AVE ST. GEORGE ISLAND FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAURA FISHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 757 E. GORRIE DRIVE ST. GEORGE ISLAND, FL. 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FICKLEN, SUSAN 801 W GORRIE DRIVE SAINT GEORGE ISLAND FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROGER MARTIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1805 E. GULF BEACH DRIVE ST. GEORGE ISLAND, FL. 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBOTT, JAMES 419 N SAWYER ST SAINT GEORGE ISLAND FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKIP SHIVER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1901 INDIAN HARBOR ROAD ST. GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BONO, FRED J <input type="checkbox"/> Delete 700 BUCK STREET ST GEORGE FL 32328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete W.K. SANDERS 215 W. 12TH ST. ST. GEORGE ISLAND FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Susan B. Ficklen* **SUSAN B. FICKLEN** 04-28-05 850/
927-2900x125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #