2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731219

FILED Feb 20, 2009 Secretary of State

Entity Name: ST. GEORGE ISLAND VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:					New Principal Place of Business:			
324 EAST F ST. GEORG	PINE AVE GE ISLAND, FL	32328	US					
Current Mailing Address:					New Mailing Address:			
P.O. BOX 6 ST. GEORG	82 3E ISLAND, FL	32328						
FEI Number:	59-2928713	FEI Numbe	er Applied For()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Reg	jistered Agent:		Name and	Address o	of New Registered Agent:	
BONO, FRE 700 BUCK S ST. GEORG		32328	US					
The above in the State		ıbmits this	statement for the p	urpose o	f changing it	ts registere	d office or registered agent, or both	,
SIGNATUR	E:							_
	Electronic	Signatur	e of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () E DUNKIN, JAMES 1856 SEA OATS ST GEORGE ISL		328		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	C () E FICKLEN, SUSAN 801 W GORRIE I SAINT GEORGE	DRIVE	32328		Title: Name: Address: City-St-Zip:	D FICKLEN, S 801 W GOR SAINT GEO		
Title: Name: Address: City-St-Zip:	D () E ABBOTT, JAMES 419 N SAWYER S SAINT GEORGE	ST	32328		Title: Name: Address: City-St-Zip:	D ABBOTT, JA GULF BEAC SAINT GEO		
Title: Name: Address: City-St-Zip:	T () E BONO, FRED J 700 BUCK STRE ST GEORGE, FL				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E HAYES, BUD 1233 WATKINS O ST GEORGE ISL		328		Title: Name: Address: City-St-Zip:	C HAYES, BUI 1233 WATK ST GEORGI		
Title: Name: Address: City-St-Zip:	S ()E FISHER, LAURA 123 OLD FERRY EASTPOINT, FL		.D		Title: Name: Address: City-St-Zip:		(X) Change () Addition NURA ERRY DOCK ROAD T, FL 32328	

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN FICKLEN D 02/20/2009