

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732608

FILED  
Apr 12, 2009  
Secretary of State

**Entity Name:** EDGEWATER FIRE RESCUE ASSOCIATION, INC.

**Current Principal Place of Business:**

2616 HIBISCUS DR  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1027  
EDGEWATER, FL 32132

**New Mailing Address:**

**FEI Number:** 51-0204830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NACHMAN, NANCY J  
2429 TAMARIND DR  
EDGEWATER, FL 32141 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COUSINS, MARGARET  
Address: 150 WILLIAM ST  
City-St-Zip: EDGEWATER, FL 32141

Title: VD ( ) Delete  
Name: BARLOW, KIMBERLY  
Address: 2936 UNITY TREE DR  
City-St-Zip: EDGEWATER, FL 32141

Title: SD ( ) Delete  
Name: MARTIN, NICOLE  
Address: 448 N. DIXIE AVE  
City-St-Zip: TITUSVILLE, FL

Title: TD ( ) Delete  
Name: NACHMAN, NANCY  
Address: 2429 TAMARIND DR  
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete  
Name: BARLOW, TRACEY  
Address: 2004 QUEEN PALM DR  
City-St-Zip: EDGEWATER, FL 32141

Title: D ( ) Delete  
Name: VECCHIO, MARILYN  
Address: 3101 MEMPHIS TERRACE  
City-St-Zip: EDGEWATER, FL 32132

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HALCOMB, RENEE  
Address: 2211 TRAVELERS PALM  
City-St-Zip: EDGEWATER, FL 32141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HENRY, JOANN  
Address: 214 AZELIA DR  
City-St-Zip: EDGEWATER, FL 32141

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANCY J. NACHMAN

TD

04/12/2009

Electronic Signature of Signing Officer or Director

Date