

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733797

FILED
Apr 09, 2005
Secretary of State

Entity Name: CROOM-A-COOCHIEE VOLUNTEER FIRE DEPT., INC.

Current Principal Place of Business:

12042 CR 684
WEBSTER, FL 33597 US

New Principal Place of Business:

Current Mailing Address:

12166 SW 46TH ST
WEBSTER, FL 33597 US

New Mailing Address:

FEI Number: 59-2365978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSER, TOMMY
12166 SW 46TH ST
WEBSTER, FL 33597 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: S/D () Delete
Name: SEESE, ALPHA M
Address: 12344 CR 684
City-St-Zip: WEBSTER, FL 33597 US

Title: T/D () Delete
Name: ANDES, MARY
Address: 12604 CR 681
City-St-Zip: WEBSTER, FL 33597 US

Title: D/V () Delete
Name: FOSTER, DONALD
Address: 11494 CR 682
City-St-Zip: WEBSTER, FL 33597 US

Title: D/P () Delete
Name: YOUNG, BEATRICE
Address: 12327 CR 684
City-St-Zip: WEBSTER, FL 33597 US

Title: D () Delete
Name: SHEPARD, TOM
Address: 12340 CR 684
City-St-Zip: WEBSTER, FL 33597 US

Title: D () Delete
Name: SEESE, ANDREW J
Address: 12344 CR 684
City-St-Zip: WEBSTER, FL 33597 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/V (X) Change () Addition
Name: ANDES, WALTER
Address: 12604 CR 681
City-St-Zip: WEBSTER, FL 33597 US

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 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 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: MARY ANDES

TD

04/09/2005

Electronic Signature of Signing Officer or Director

Date