2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# 733854

Entity Name: THE FERRY PASS VOLUNTEER FIRE DEPARTMENT,INC.

Current Principal Place of Business:

2331 E. JOHNSON AVE.
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

2331 E. JOHNSON AVE.
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 23-7380215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITFIELD, ROBBIE
2331 E. JOHNSON AVE.
PENSACOLA, FL 32514 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:	P	( ) Delete
Name:	WHITFIELD, ROBBIE	
Address:	2331 E JOHNSON AVENUE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	VP	( ) Delete
Name:	JONES, FRED	
Address:	2331 EAST JOHNSON AVENUE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	T	( ) Delete
Name:	O'REILLY, DANA	
Address:	2331 EAST JOHNSON AVE.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	S	( ) Delete
Name:	MAUST, ANNIE	
Address:	2331 E JOHNSON AVENUE	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	HAWKINS, DARRELL	
Address:	3014 PARAZINE STREET	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	D	( ) Delete
Name:	SACKMAN, DAVID	
Address:	2331 EAST JOHNSON AVE.	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	COULTER, DAVID	
Address:	2331 EAST JOHNSON AVE.	
City-St-Zip:	PENSACOLA, FL 32514	
Title:	S	(X) Change ( ) Addition
Name:	PAYNE, ANNIE	
Address:	2331 E JOHNSON AVENUE	
City-St-Zip:	PENSACOLA, FL 32514	
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: ROBBIE WHITFIELD PRES 01/11/2005

Electronic Signature of Signing Officer or Director — Date