2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # 735291 1. Entity Name ALLENTOWN VOLUNTEER FIRE DEPARTMENT, INC.) 080 019 ****70		
9482 HWY 89 9482		Mailing Address 9482 HWY 89 JAY, FL 32565-9482 US	482 HWY 89			 		
2. Principal Place of Business 3. Ma		3. Mailing Address	failing Address					
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	uite, Apt. #, etc.		ng-NP C	CR2E037 (11/05)		
City & State C		City & State	ity & State		8		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Add	ress of New Regi	stered Agent		
WARD, STEPHEN			Name	Name				
5520 LAM MILTON, F	AR WARD LANE FL 32570		Street Address		(P.O. Box Number is Not Acceptable)			
	•							
			City			FL Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	gistered office or regi	istered agent, or both, in	the State of Florida	a. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or priviled name of registered agent	and title if applicable. (NOTE R	Registered Agent signature req	quired when reinstating)	4	- 7-06 DATE		
SIGNATURE .	Signature, typed or private name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	and title if applicable (NOTE F	aign Financing	\$5.00 May Be Added to Fees	Make	DATE check payable to Department of Si		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make Florida	DATE check payable to Department of St	tate	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cor	eaign Financing ntribution.	\$5.00 May Be Added to Fees	Make Florida	DATE check payable to Department of St	tate	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI CM WARD, STEVEN 5520 LAMAR WARD LANE	9. Election Camp Trust Fund Cor RECTORS	align Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	DATE check payable to Department of Stand DIRECTORS IN	tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI CM WARD, STEVEN 5520 LAMAR WARD LANE MILTON, FL D NELSON, JOE 1862 SCHNOR RD	9. Election Camp Trust Fund Cor RECTORS	align Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	e check payable to Department of St AND DIRECTORS IN	tate i 10 Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI CM WARD, STEVEN 5520 LAMAR WARD LANE MILTON, FL D NELSON, JOE 1862 SCHNOR RD JAY, FL 32565 P GAUTHIER, CHRIS 8175 TACOS LANE	9. Election Camp Trust Fund Cor RECTORS Delete	align Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make Florida	DATE c check payable to Department of Standard DIRECTORS IN Change	i 10 Addition Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 CM WARD, STEVEN 5520 LAMAR WARD LANE MILTON, FL D NELSON, JOE 1862 SCHNOR RD JAY, FL 32565 P GAUTHIER, CHRIS 8175 TACOS LANE MILTON, FL 32570 T FENDLEY, RHETT 5400 GRAND OAK LANE	9. Election Camp Trust Fund Cor RECTORS Delete Delete	align Financing ntribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	check payable to Department of St AND DIRECTORS IN Change	i 10 Addition Addition Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

Cheff L. Fendley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/86

850-476-3491