


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90059 018 \*\*\*\*61.25

<b>DOCUMENT # 735291</b>	
1. Entity Name <b>ALLENTOWN VOLUNTEER FIRE DEPARTMENT, INC.</b>	

Principal Place of Business <b>9482 HWY 89 JAY, FL 32565 US</b>	Mailing Address <b>9482 HWY 89 JAY, FL 32565-9482 US</b>
--	---

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

City & State  Zip	City & State  Zip	Country	Country
-------------------------	-------------------------	---------	---------



03022007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  <b>WARD, STEPHEN 5520 LAMAR WARD LANE MILTON, FL 32570</b>	
---	--

7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
---	--

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM WARD, STEPHEN <i>Stephen L.</i> <input type="checkbox"/> Delete 5520 LAMAR WARD LANE MILTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JOE <input checked="" type="checkbox"/> Delete 1862 SCHNOR RD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAUTHIER, CHRIS <input checked="" type="checkbox"/> Delete 8175 TACOS LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FENDLEY, RHETT <input type="checkbox"/> Delete 5400 GRAND OAK LANE MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NELSON, CAROLINE <input checked="" type="checkbox"/> Delete 1862 SCHNOOR RD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gerald Kelley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9192 Chumuckla Hwy Pace, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patrick Tomney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3173 Daybreak Lane pace, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jesse Lassiter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9667 Hwy 89 Jay, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: *Stephen L. Ward* **Stephen L Ward** 3-15-07 850623, 6769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #