

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735291

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** ALLENTOWN VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

9482 HWY 89  
JAY, FL 32565 US

**New Principal Place of Business:**

**Current Mailing Address:**

9482 HWY 89  
JAY, FL 325659482 US

**New Mailing Address:**

**FEI Number:** 59-2429228

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, STEPHEN  
5520 LAMAR WARD LANE  
MILTON, FL 32570 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: CM ( ) Delete  
Name: WARD, STEPHEN L  
Address: 5520 LAMAR WARD LANE  
City-St-Zip: MILTON, FL

Title: D ( ) Delete  
Name: KELLEY, GERALD  
Address: 9192 CHUMUCKLA HWY  
City-St-Zip: PACE, FL 32571

Title: V ( ) Delete  
Name: TOMNEY, PATRICK  
Address: 3173 DAYBREAK LANE  
City-St-Zip: PACE, FL 32571

Title: T ( ) Delete  
Name: LASSITER, JESSE  
Address: 9667 HWY 89  
City-St-Zip: JAY, FL 32565

Title: D ( ) Delete  
Name: OAKES, KENNETH  
Address: 2475 SEGREST RD  
City-St-Zip: PACE, FL 32571

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

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

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

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 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: STEPHEN WARD

PRES

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date