

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736005

FILED
Feb 11, 2009
Secretary of State

Entity Name: PANACEA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

7 CLARK AVENUE
PANACEA, FL 32346 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 584
PANACEA, FL 32346

New Mailing Address:

FEI Number: 59-3073690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, DAVE
252 LEVY BAY RD
PANACEA, FL 32346 US

Name and Address of New Registered Agent:

AARON, JOAN
210 OTTER LAKE ROAD
PANACEA, FL 32346 US

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: JOAN E. AARON

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MITCHELL, MARK
Address: 18 HERON DR
City-St-Zip: PANACEA, FL 32346

Title: ST () Delete
Name: AARON, JOAN
Address: 7 CLARK AVE
City-St-Zip: PANACEA, FL 32346

Title: VP () Delete
Name: MOSS, TAMMY
Address: 7 CLARK AVE
City-St-Zip: PANACEA, FL 32346

Title: FR () Delete
Name: MOSS, DAVID FUNDRAI
Address: 7 CLARK AVE
City-St-Zip: PANACEA, FL 32346

Title: D () Delete
Name: METCALF, BEVERLY
Address: 44 LUCY LANE
City-St-Zip: PANACEA, FL 32346

Title: D () Delete
Name: RAVLERSON, ADRIENNE
Address: 53 FRANCIS
City-St-Zip: PANACEA, FL 32346

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:

Title: D (X) Change () Addition
Name: MOSS, CATHY
Address: 53 FRANCIS
City-St-Zip: PANACEA, FL 32346

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: CATHY MOSS

F R

02/11/2009

Electronic Signature of Signing Officer or Director

Date