2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#736290

FILED Feb 27, 2009 Secretary of State

Entity Name: THERESSA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

1692 SE 81ST ST

STARKE, FL 32091 US

Current Mailing Address: New Mailing Address:

1692 SE 81ST ST

STARKE, FL 32091 US

FEI Number: 04-0012300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PREVATT, MYRON C. JR. COOPER, JOHN S. PALMETTO AT NIGHTINGALE 100 W. CALL ST.

BOX 634 STARKE, FL 32091 US

KEYSTONE HEIGHTS, FL 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: JOHN S. COOPER 02/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: ACD () Delete Title: ACD (X) Change () Addition

 Name:
 DAMPIER, JOEY
 Name:
 DAMPIER, JOEY

 Address:
 ROUTE 3, BOX 665
 Address:
 8630 SE 11TH AVE.

 City-St-Zip:
 STRAKE, FL 32091
 City-St-Zip:
 STARKE, FL 32091

Title: STD () Delete Title: () Change () Addition

 Name:
 LEE, JESSIE J.
 Name:

 Address:
 1699 SE 81ST ST.
 Address:

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: SULLIVAN, PERCY S, J, R Name: SULLIVAN, PERCY S, J, R

 Address:
 CR 18 RT 3 BOX 1175
 Address:
 1342 SE CR 18

 City-St-Zip:
 STARKE, FL
 City-St-Zip:
 STARKE, FL 32091

Title: P () Delete Title: () Change () Addition

 Name:
 SULLIVAN, DOUGLAS M JR
 Name:

 Address:
 9107 SE 16TH AVE
 Address:

 City-St-Zip:
 STARKE, FL 32091
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 BRANDRICK, STUART
 Name:

 Address:
 598 SE 73RD ST
 Address:

 City-St-Zip:
 STARKE, FL 32091
 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: JESSIE J. LEE STD 02/27/2009