# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 06, 2005**
**Secretary of State**

DOCUMENT# 736996

**Entity Name:** DEER RUN VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

4700 DEER RUN ROAD
ST. CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

4700 DEER RUN ROAD
ST. CLOUD, FL 34772

**New Mailing Address:**

**FEI Number: 59-6000780** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COOKE, RON
3981 HICKERY TREE RD.
ST. CLOUD, FL 34772 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: V ( ) Delete
Name: STONE, FRANCES
Address: 3800 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

Title: TD ( ) Delete
Name: WHITFIELD, CAROL
Address: 3799 RAMBLER AVE
City-St-Zip: ST. CLOUD, FL 34772

Title: S ( ) Delete
Name: SERVIS, DAWN
Address: 1416 MARYLAND AVE
City-St-Zip: SAINT CLOUD, FL 34769

Title: PD ( ) Delete
Name: WHITFIELD, ROY
Address: 3799 RAMBLER AVE
City-St-Zip: SAINT CLOUD, FL 34772

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

Title: V (X) Change ( ) Addition
Name: WARF, FRANCES
Address: 3800 RAMBLER AVE
City-St-Zip: ST CLOUD, FL 34772

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 for the exemption stated in Section 119.07(3)(i), 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: CAROL WHITFIELD TD 04/06/2005

Electronic Signature of Signing Officer or Director — Date