

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739364

FILED  
May 04, 2006  
Secretary of State

**Entity Name:** PALM CITY VOLUNTEER FIREMAN'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1150 S.W. MARTIN DOWNS BLVD.  
P O BOX 1005  
PALM CITY, FL 34990

**New Principal Place of Business:**

3290 SW MAPP RD  
P O BOX 1005  
PALM CITY, FL 34990

**Current Mailing Address:**

P.O. BOX 1005  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 59-1763744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

RANSEN, WILLIAM  
3417 SW CORWELL AVE  
PALM CITY, FL 34990 US

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

RANSON, WILLIAM  
5927 SE RIVERBOAT DR  
STUART, FL 34997 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: WILLIAM R RANSON

05/04/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: RANSON, WILLIAM  
Address: 3417 SW CORWELL AVE  
City-St-Zip: PALM CITY, FL 34990

Title: ST ( ) Delete  
Name: LAVARGNA, LARRY  
Address: 4354 SW OAKHAVEN LN  
City-St-Zip: PALMCITY, FL 34990

Title: D ( ) Delete  
Name: GOETHEL, DOUG  
Address: 1804 SW GREGOR WAY  
City-St-Zip: STUART, FL

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

Title: PT (X) Change ( ) Addition  
Name: RANSON, WILLIAM  
Address: 5927 SE RIVERBOAT DR  
City-St-Zip: STUART, FL 34997

Title: S (X) Change ( ) Addition  
Name: GILPIN, WES  
Address: 432 SW EXMORE AVE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change ( ) Addition  
Name: GOETHEL, DOUG  
Address: 3942 SW ST. LUCIE LN  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM R RANSON

PT

05/04/2006

Electronic Signature of Signing Officer or Director

Date