2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2008
Secretary of State

DOCUMENT# 739364

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

Current Principal Place of Business:

3290 SW MAPP RD
PALM CITY, FL 34990

New Principal Place of Business:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: SHELT, ROB
Address: 2441 SW REGENCY RD
City-St-Zip: STUART, FL 34997

Title: D (X) Change ( ) Addition
Name: GOETHEL, DOUG
Address: 8166 SW YACHTSMANS DR
City-St-Zip: STUART, FL 34997

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: WILLIAM R RANSON PT 07/20/2008

Electronic Signature of Signing Officer or Director — Date