2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# 744285

Entity Name: PONCE INLET VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.

Current Principal Place of Business:

4680 S PENINSULA DR
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4680 S PENINSULA DR
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 59-1867567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDOUALD, GEORGE A
115 ANCHOR DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

MCDONALD, GEORGE A
115 ANCHOR DR.
PONCE INLET, FL 321276909 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: GEORGE MCDONALD 03/15/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SCALES, DAN
Address: 6331 PARIA CT. PORT ORANGE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: PD ( ) Delete
Name: BARRON, ANDREW
Address: 393 SURRY PARK DR.
City-St-Zip: PORT ORANGE, FL 32124

Title: DT ( ) Delete
Name: MCDONALD, GEORGE A
Address: 115 ANCHOR DR.
City-St-Zip: PONCE INLET, FL 32127

Title: DS ( ) Delete
Name: NANCY, EPPS
Address: 129 OLD CARRIAGE RD
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BAGGS, THOMAS
Address: 4590 S. ATLANTIC
City-St-Zip: PONCE INLET, FL 32127 US

Title: PD (X) Change ( ) Addition
Name: EPPS, NANCY
Address: 127 OLD CARRIAGE ROAD
City-St-Zip: PONCE INLET, FL 321276909 US

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

Title: DS (X) Change ( ) Addition
Name: NANCY, EPPS
Address: 127 OLD CARRIAGE RD
City-St-Zip: PONCE INLET, FL 321276909 US

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: NANCY EPPS PD 03/15/2005
Electronic Signature of Signing Officer or Director Date