


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 744285</b> 1. Entity Name PONCE INLET VOLUNTEER FIRE AND RESCUE ASSOCIATION, INC.	
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Principal Place of Business 4680 S PENINSULA DR PONCE INLET, FL 32127	Mailing Address 4680 S PENINSULA DR PONCE INLET, FL 32127
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07072006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1867567	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCDONALD, GEORGE A 115 ANCHOR DR. PONCE INLET, FL 32127-6909
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>George A. McDonald</u> <u>GEORGE A. MCDONALD</u>	DATE <u>7/7/06</u>

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BAGGS, THOMAS 4590 S. ATLANTIC PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD EPPS, NANCY 127 OLD CARRIAGE ROAD PONCE INLET, FL 321276909
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT MCDONALD, GEORGE A 115 ANCHOR DR. PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS NANCY, EPPS 127 OLD CARRIAGE RD PONCE INLET, FL 321276909
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

000000569424  
07/11/06-80025-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: <u>George A. McDonald</u> <u>GEORGE A. MCDONALD</u>	DATE <u>7/7/06</u>	DAYTIME PHONE # <u>386-788-8593</u>
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