

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90007 024 ****61.25

DOCUMENT # 744285

1. Entity Name

**PONCE INLET VOLUNTEER FIRE AND RESCUE
ASSOCIATION, INC.**



Principal Place of Business

**4680 S PENINSULA DR
PONCE INLET FL 32127**

Mailing Address

**4680 S PENINSULA DR
PONCE INLET FL 32127**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1867567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TONY RAIIA
MCDONALD, GEORGE A
115 ANCHOR DR.
PONCE INLET FL 32127-0200**

Name
Anthony R. R. R.
Street Address (P.O. Box Number is Not Acceptable)
**4716 Montrose Ave
Ponce Inlet FL 32127**
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 5, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete
NAME **BAGGS, THOMAS**
STREET ADDRESS **4590 S. ATLANTIC**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **PD** ☒ Delete
NAME **EPPS, NANCY**
STREET ADDRESS **127 OLD CARRIAGE ROAD**
CITY-ST-ZIP **PONCE INLET FL 32127-6909**

TITLE **DT** ☒ Delete
NAME **MCDONALD, GEORGE A**
STREET ADDRESS **115 ANCHOR DR.**
CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **DS** ☐ Delete
NAME **NANCY, EPPS**
STREET ADDRESS **127 OLD CARRIAGE RD**
CITY-ST-ZIP **PONCE INLET FL 32127-6909**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Frank Flagg**
STREET ADDRESS **Sail Fish Dr.**
CITY-ST-ZIP **Ponce Inlet, FL 32127**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **VICTOR E. McGUIRE**
STREET ADDRESS **4837 S PENINSULA DR**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE **Frank Flagg** ☒ Change ☐ Addition
NAME **TONY RAIIA**
STREET ADDRESS **4716 Montrose Ave**
CITY-ST-ZIP **PONCE INLET, FL 32127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Anthony R. R. R. **13 Aug 07 386-761-2817**