


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90024 023 ****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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RITIA, ANTHONY 4716 MONTROSE AVE PONCE INLET, FL 32127-6909				Name John Brooks Street Address (P.O. Box Number is Not Acceptable) 4670 Links Village Dr Unit C105 City Ponce Inlet FL Zip Code 32127	
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 <i>Anthony Raia</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE Feb 2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME FLAGS, FRANK STREET ADDRESS SAIL FISH DR CITY-ST-ZIP PONCE INLET, FL 32127	<input type="checkbox"/> Delete <i>Correction</i>		TITLE VP NAME Frank Flagg STREET ADDRESS Sail Fish Dr CITY-ST-ZIP Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME MCCISUAN, VICTOR E STREET ADDRESS 4827 S. PENINSULA DR CITY-ST-ZIP PONCE INLET, FL 321276909	<input type="checkbox"/> Delete <i>Correction</i>		TITLE President NAME Victor E. McClellan STREET ADDRESS 4827 S. Peninsula Dr CITY-ST-ZIP Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME MCDONALD, GEORGE A STREET ADDRESS 115 ANCHOR DR. CITY-ST-ZIP PONCE INLET, FL 32127	<input type="checkbox"/> Delete <i>Died</i>		TITLE Secretary NAME John Brooks STREET ADDRESS 4670 Link Village Dr. C105 CITY-ST-ZIP Ponce Inlet, FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE BS PR NAME RATA TONY STREET ADDRESS 4716 MONTROSE AVE CITY-ST-ZIP PONCE INLET, FL 321276909	<input type="checkbox"/> Delete <i>Correction</i>		TITLE Treasurer NAME Anthony Raia STREET ADDRESS 4716 Montrose Ave CITY-ST-ZIP Ponce Inlet, FL 32127	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Anthony Raia</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE Feb 2008 386-761-2817 <small>Daytime Phone #</small>	