

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744285

FILED
Jul 21, 2009
Secretary of State

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 ()**
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:

RITIA, ANTHONY
4716 MONTROSE AVE
PONCE INLET, FL 321276909 US

Name and Address of New Registered Agent:

RAIA, ANTHONY
4716 MONTROSE AVE
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: ANTHONY RAIA

07/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FLAGG, FRANK
Address: SAIL FISH DR.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P () Delete
Name: MCLELLAN, VICTOR E
Address: 4829 S. PENINSULA DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: S () Delete
Name: BROOKSS, JOHN
Address: 4670 LINK VILLAGE DR. C105
City-St-Zip: PORT ORANGE, FL 32127

Title: T () Delete
Name: RAIA, ANTHONY
Address: 4716 MONTROSE AVE
City-St-Zip: PORT ORANGE, FL 32127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MCLELLAN, VICTOR E
Address: 4829 S. PENINSULA DR
City-St-Zip: PORT ORANGE, FL 32127 US

Title: P (X) Change () Addition
Name: BROOKS, JOHN
Address: 4670 LINK VILLAGE DR. D507
City-St-Zip: PORT ORANGE, FL 32127

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

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: JOHN BROOKS

P

07/21/2009

Electronic Signature of Signing Officer or Director

Date