

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744552

FILED
Jun 05, 2006
Secretary of State

Entity Name: ELECTRA VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

5420 SE 180TH AVENUE RD.
OKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

5420 SE 180TH AVENUE RD.
OKLAWAHA, FL 32179

New Mailing Address:

FEI Number: 59-2635563 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:

BERKOWITZ, ALLEN
18349 SE 54TH PL
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SEC. () Delete
Name: GINGRAS, CAROLE
Address: 18349 SE 54TH PL
City-St-Zip: OCKLAWAHA, FL 32179

Title: TREA () Delete
Name: BEHR, DAN
Address: 5871 SE 171 CT
City-St-Zip: OCKLAWAHA, FL 32179

Title: DIR. () Delete
Name: DAY, TRACY
Address: 18401 SE 54TH PL
City-St-Zip: OCKLAWAHA, FL 32179

Title: V. P () Delete
Name: SKELLY, RICK
Address: 6670 SE 171ST CT
City-St-Zip: OCKLAWAHA, FL 32179

Title: PRES () Delete
Name: BERKOWITZ, ALLEN
Address: 18349 SE 54TH PL
City-St-Zip: OCKLAWAHA, FL 32179

Title: DIR. (X) Delete
Name: LEITHERER, JOE
Address: 6220 SE 180TH AVENUE RD
City-St-Zip: OCKLAWAHA, FL 32179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLEN BERKOWITZ

Electronic Signature of Signing Officer or Director

PRES

06/05/2006

Date