

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744699

FILED
Mar 01, 2005
Secretary of State

Entity Name: TRAVELERS' REST VOLUNTEER FIRE AND RESCUE, INC.

Current Principal Place of Business:

29129 JOHNSTON RD.
DADE CITY, FL 33523 US

New Principal Place of Business:

Current Mailing Address:

29129 JOHNSTON RD.
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 59-2193936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD GUTRIDGE
29129 JOHNSTON ROAD 14-39
DADE CITY, FL 33523 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: DP () Delete
Name: GEST, RICHARD
Address: 29129 JOHNSTON ROAD 13-34
City-St-Zip: DADE CITY, FL 33523

Title: CD () Delete
Name: GUTRIDGE, RICHARD
Address: 29129 JOHNSTON ROAD 14-39
City-St-Zip: DADE CITY, FL 33523

Title: DT () Delete
Name: BELLINGER, W. E.
Address: 29129 JOHNSTON RD #2636
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: ROBBINS, FLOYD
Address: 29129 JOHNSON RD. 2541
City-St-Zip: DADE CITY, FL 33523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILLIAM, STAFFORD
Address: 29129 JOHNSTON ROAD -2554
City-St-Zip: DADE CITY, FL 33523

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

Title: DT (X) Change () Addition
Name: BELLINGER, WILLIAM E
Address: 29129 JOHNSTON RD #2636
City-St-Zip: DADE CITY, FL 33523

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

Title: D () Change (X) Addition
Name: GEST, RICHARD
Address: 29129 JOHNSTON ROAD - 2546
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM E. BELLINGER

DT

03/01/2005

Electronic Signature of Signing Officer or Director

Date