

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744699

FILED  
Apr 06, 2009  
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: WILLIAM, STAFFORD  
Address: 29129 JOHNSTON ROAD -2554  
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: MICHAELS, MARION E  
Address: 29129 JOHNSTON RD 2704  
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: D ( ) Delete  
Name: GEST, RICHARD  
Address: 29129 JOHNSTON ROAD - 2546  
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: SCHAFER, PAUL  
Address: 29129 JOHNSTON ROAD -14-15N  
City-St-Zip: DADE CITY, FL 33523

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: TREA ( ) Change (X) Addition  
Name: MICHAELS, MARION E  
Address: 29129 JOHNSTON ROAD 2704  
City-St-Zip: DADE CITY, FL 33523 US

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: MARION E MICHAELS

TREA

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date