

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749597

FILED  
Apr 08, 2007  
Secretary of State

Entity Name: SUNDANCE VOLUNTEER FIRE ASSOCIATION, INC.

**Current Principal Place of Business:**

602 LIGHTFOOT RD.  
WIMAUMA, FL 33598

**New Principal Place of Business:**

**Current Mailing Address:**

602 LIGHTFOOT RD.  
WIMAUMA, FL 33598

**New Mailing Address:**

FEI Number: 59-1983825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRIS GARRETT  
602 LIGHTFOOT ROAD  
WIMAUMA, FL 33598 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: DS ( ) Delete  
Name: FETHERSTON, ISABELLE  
Address: 1205 BUTCH CASSIDY TRAIL  
City-St-Zip: WIMAUMA, FL

Title: PD ( ) Delete  
Name: GARRETT, FERRIS  
Address: 1225 BUTCH CASSIDY TRAIL  
City-St-Zip: WIMAUMA, FL

Title: DV ( ) Delete  
Name: EVANS, KEITH  
Address: 2419 LIGHTFOOT ROAD  
City-St-Zip: WIMAUMA, FL 33598

Title: DT ( ) Delete  
Name: RENO, RENE  
Address: 2913 ARROWSMITH ROAD  
City-St-Zip: WIMAUMA, FL 33598

Title: D ( ) Delete  
Name: SURGEON, CINDY  
Address: 1708 SURREY TRAIL  
City-St-Zip: WIMAUMA, FL 33598

**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:

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: FERRIS GARRETT

PD

04/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date