

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749597

FILED
Apr 07, 2009
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:

602 LIGHTFOOT RD.
WIMAUMA, FL 33598 US

Current Mailing Address:

602 LIGHTFOOT RD.
WIMAUMA, FL 33598

New Mailing Address:

602 LIGHTFOOT RD.
WIMAUMA, FL 33598 US

FEI Number: 59-1983825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT, FERRIS O CHIEF
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 33598 US

Title: PD () Delete
Name: GARRETT, FERRIS O CHIEF
Address: 1225 BUTCH CASSIDY TRAIL
City-St-Zip: WIMAUMA, FL 33598 US

Title: DV () Delete
Name: LYNCH, MICHAEL FF REP.
Address: 922 BIRDIE WAY
City-St-Zip: APOLLO BEACH, FL 33572 US

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

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

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 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 O. GARRETT

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date