## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#750998**

FILED Feb 17, 2009 Secretary of State

Entity Name: PINETTA VOLUNTEER FIRE AND RESCUE, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

509 NE PERSIMMON DR. PINETTA, FL 32350

**Current Mailing Address: New Mailing Address:** 

P. O. BOX 269 P. O. BOX 35

PINETTA, FL 32350 PINETTA, FL 32350 US US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

REEVES, GEORGE T 901 WEST BASE

MADISON, FL 32340 US

**OFFICERS AND DIRECTORS:** 

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

FINNEY, DOUG Name: Name: 203 NE JOAN AVE Address: Address: City-St-Zip: MADISON, FL 32340 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition THOMPSON, TAMMY Name: SHEWCHUK, WAYNE Name:

Address: 253 NE SCHOOL ST. Address: 438 NE ENGLISH IVY TR. City-St-Zip: PINETTA, FL 32350 City-St-Zip: PINETTA, FL 32350

Title: () Delete Title: (X) Change ( ) Addition THOMPSON, TAMMY SPIRES, VICTORIA Name: Name:

253 NE SCHOOL ST Address: Address: P.O. BOX 53 City-St-Zip: PINETTA, FL 32350 City-St-Zip: PINETTA, FL 32350

Title: ( ) Delete Title: () Change () Addition

Name: SHADRICK, ALLEN Name: 10129 NW COLON KELLY HWY Address: Address: City-St-Zip: PINETTA, FL City-St-Zip:

Title: BOD () Delete Title: BOD (X) Change ( ) Addition

SPIRES, VICKY SPIRES, VICKY Name: Name: 10709 COLON VALLEY HWY Address: Address: P.O. BOX 53 City-St-Zip: PINETTA, FL 32350 City-St-Zip: PINETTA, FL 32350

Title: () Delete Title: (X) Change ( ) Addition

SHOWCHUB, WAYNE KELLY'. RICHARD Name: Name: Address: **POB 305** Address: 789 DUSTY MILLER HWY PINETTA, FL 32350 PINETTA, FL 32350 City-St-Zip: 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: ALLEN C. SHADRICK Т 02/17/2009