

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751565

FILED
Mar 13, 2007
Secretary of State

Entity Name: ST. JOHNS PARK VOLUNTEER FIRE DEPARTMENT, INC.

Current Principal Place of Business:

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

COUNTY ROAD 305
P. O. BOX 1729
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-2611831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROL, JOHN J
26 WINCHESTER RD.
ORMOND BEACH, FL 32174 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: P () Delete
Name: MOCK, DANETTE
Address: RT 1 BOX 124-0
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: SANTORE, RALPH,
Address: CR 305
City-St-Zip: BUNNELL, FL 00000,

Title: D () Delete
Name: SHINNICK, MARGIE SEC
Address: 1 PINETREE LANE
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: KROL, JOHN J
Address: 26 WINCHESTER RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: DC () Delete
Name: MORSE, ERIC DC
Address: PO BOX 254
City-St-Zip: BUNNELL, FL 32110

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: JOHN J. KROL

D

03/13/2007

Electronic Signature of Signing Officer or Director

Date